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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SA BUSINESS CLUZ COLPOLATION (Name of Corporation – must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
MANDA ELISON (Name of Person)
SA BUSINESS CWB (Firm/Company)
4712 N. BAY ROMB
MIAMI BEACH (Address)
FLORIDA 33140 (City/State and Zip Code)
For further information concerning this matter, please call:
AMANDA ELLISON at (5bl) 628-4338 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & \$\bigcup \\$78.75 Filing Fee & \$\bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 27, 2005

AMANDA ELLISON 4712 N. BAY ROAD MIAMI BEACH, FL 33140

SUBJECT: SA BUSINESS CLUB CORPORATION

Ref. Number: W05000048941

We have received your document for SA BUSINESS CLUB CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 505A00065122

Neysa Culligan Document Specialist

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. SA BUSINESS CLUB CORPORATION	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or import in language as will clearly indicate that it is a corporation instead of a natural person or partners in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corpo	ship if not so contained
2. CALIFORNIA (State or country under the law of which it is incorporated) 3. 542124984 (FEI number, if applical	
(State or country under the law of which it is incorporated) (FEI number, if applical	ble)
4. 12/12/03 5. TERETURE (Duration: Year corp. will cease to expression)	
(Date of Incorporation) (Duration: Year corp. will cease to ex	xist or "perpetual")
6. NA (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to de	etermine nenalty liability)
7. 2662 DORADO COURT, THOUSAND OAKS, CA 91362 (Principal office address)	
•	
2662 Dornso cours, Alousant omes, CA 91362 (Current mailing address)	
(Caron maning address)	
8. Non-Profit Nones At Inchession Track Bendern USA & South (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	TH AFRICA
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	os I SEC TALI
	OS DEC SECNL TALLAH
Name: AMANDA ELLISON Office Address: 4712 N. BAY ROND	OS DEC -1 1 SECINLIANTE TALLAHASSEE
Name: AMANDA ELLISON Office Address: 4712 N. BAY ROND	OS DEC -1 PM SECHLIANISSEE, FI
Name: AMANDA ELLISON Office Address: 4712 N. BAY ROND	OS DEC -1 PM 12: SECHLIAMI OF SIA TALLAHASSEE, FLOR
Name: AMANDA ELLISON	OS DEC -1 PM 12: 4.1 SECINLIANT OF STATE TALLAHASSEE, FLORID
Name: AMANDA ELLISON Office Address: 4712 N. BAY ROAD MANNI BEACH Florida 33140 (City) (Zip Code 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated of	corporation at the place
Name: AMANDA ELLISON Office Address: 4712 N. BAY ROAD Name: AMANDA ELLISON (City), Florida 33140 (Zip Code 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated codesignated in this application. I hereby accept the appointment as registered agent and agree	corporation at the place to act in this capacity. I
Name: AMANDA ELLISON Office Address: 4712 N. BAY ROAD MANNI BEACH Florida 33140 (City) (Zip Code 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated of	corporation at the place to act in this capacity. I
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Office Address: 4712 N. BAY Robb Mikmi Beach	corporation at the place to act in this capacity. I
Name: AMANDA ELLISON Office Address: 4712 N. BAY ROAD Name: AMANDA ELLISON (City), Florida 33140 (Zip Code 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated codesignated in this application. I hereby accept the appointment as registered agent and agree	corporation at the place to act in this capacity. I

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: MANDY JACOB Address: 2662 DORADO COVET AHOUSAND OAKS, CA 91362 Vice Chairman: Address: Director: AMANDA ELLISON Address: 4712 N. BAM 20 MIAMI , FL 33140 ___ Director: Address: B. OFFICERS President: MANDY JACOB Address: 2662 DORAGO COVET THOUSAND OMUS, CA 91362 Vice President: Address: Secretary: KMMDA ELLISON 4712 N. BAY 2D , MIAMI FL 33140 Treasurer: PLEM RAMIGA 3509 ASPEN GROVE, SEVINE CA 92618 NOTE: Af necessary, you may attach an addendum to the application listing additional officers and/or directors. gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors:

State of California Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 12th day of December, 2003, SA BUSINESS CLUB became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 19, 2005.



BRUCE McPHERSON Secretary of State