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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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SECRETARY OF STATE

v8.1/12

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: HES Thankeling	oration - must include suffix)
(Name of Gorp	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this r	
Barbaha Jga	e
/(Na	me of Person)
HES Marketing +	me of Person) Munagiment Corporation m/Company)
, Fir	m/Company)
2154 Sandeton	e cliffs dr.
	(Address)
Henderson, NV	89044 State and Zip code)
(City/s	State and Zip code)
For further information concerning this matter, pl	ease call:
31111	100 110 1/01
(Name of Person) at (702) 260 4501 Area Code & Daytime Telephone Number)
(Ivanie of Feison)	Area code & Dayante Telephone (Vanisely)
empert/Colinies Anness.	MAILING ADDDESS.
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. HES Masketing & Sharagement Corporation (Enter name of corporation; must include "MCORPORATED," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

May 23 2006
(Date of incorporation)

3. 65-1/34344
(FEI number, if applicable)

Function: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Tame as about
(Current mailing address) MANAGEMENT SERVICES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BARM A FINE CO

Compan BEACH , Florida 33073
(City) (Zip code) Name: Office Address:

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to 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.

12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	
Chairman:	2007 JAN 1 1 PM 3: 36
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	MASSEE, FLORIDA
Vice Chairman:	
Address:	
•	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: HAROLD DEISEL Address: 2154 DANDSTONE CLIEBS	
Address: 2154 SANDSTONE CLIFFS	Dre HENDERSON NUSTOFF
Addiess. Property	ON TENDERSON IV-11
M's Davidad	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application its	sting additional officers and/or directors
	additional officers and/or directors.
13. (Signature of Director or Officer listed in number	12 of the application)
14. HAROLD SEIGEL	
(Typed or printed name and capacity of person	signing application)

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HES MARKETING & MANAGEMENT CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 23, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 5, 2007.

ROSS MILLER Secretary of State

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Certification Clerk

