



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

March 1, 2007

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Metro Diversified Inc, d.b.a. The Office Gentlemen's Club, 640 West Prospector Suite 2 requesting a class C liquor license.

Alexander Izbicki, President has requested that Brent Zywicc be approved as the manager of the liquor license.

Background information on the manager applicant will be omitted as Mr. Zywiec was approved by the Council as the current owner of this establishment.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





FILED

3-26-07 (a) 570

FEB 27 2007

STATE OF NEBRASKA

Dave Heineman
Governor

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: http://www.lcc.ne.gov/

A7-020119

February 23, 2007

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

*Metro Diversified Inc
dba The office Gentlemen's Club
640 W Prospect Suite 2 Class C*

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

525-8880 Brent

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FEB 15 2007

Jackee

75950

LICENSE APPLICATION CHECKLIST

NEBRASKA LIQUOR CONTROL COMMISSION

Applicant Name METRO DIVERSIFIED, INC Telephone # 810-613-0177

Trade Name _____ Previous Trade Name N/A

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked off and included or marked N/A for not applicable.

- 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of ~~\$35.00~~ per person. All areas must be completed on cards as per brochure. \$38.00
- 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
- 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
- N/A 6. Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

*BWS 0999
45 Jbm
Ret
852448*

PREMISE INFORMATION

Trade Name (doing business as) The Office Gentlemen's Club

Street Address #1 640 West Prospector Ct. Suite #2

Street Address #2 _____

City Lincoln County Lancaster #2

Zip Code 68522

Telephone number at premise to be licensed (402)477-2800

Is this location inside the city/village corporate limits: YES NO
city

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Metro Diversified, Inc.

Street Address #1 6649 Colbath Avenue

Street Address #2 _____

City Van Nuys, CA County Los Angeles

Zip Code 91405

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

see attached

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- Yes If yes, please explain below or attach a separate page.
 No

Alexander Izbicki-1989 Disturbing the peace.

Bieu Honey-2004 Disturbing the peace.

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- Yes
Current business name and license number The Office Gentlemen's Club
 No License# I62227

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes
 No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes _____
 No _____

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NEBRASKA LIQUOR CONTROL COMMISSION

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on premises supervising operations.
Brent Zywiec-60 hours per week

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.
Prior owner of this business establishment.
Byra

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.
N/A
 Lease: expiration date 3-1-2011
 Deed
 Purchase Agreement

15. When do you intend to open for business? 4-02-2007

16. What will be the main nature of business? What are the anticipated hours of operation? Liquor Establishment-Hours of operation: 3pm-1am daily

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Alexander Izbicki			
6649 Colbath Avenue			
Van Nuys, CA 91405	1993	Present	LA/CA
Bieu Honey			
17541 Nordhoff, Northridge, CA 91325	2001	Present	LA/CA
8127 Natick, Panorama City, CA 91402	1993	2001	LA/CA

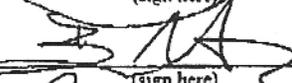
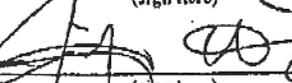
The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

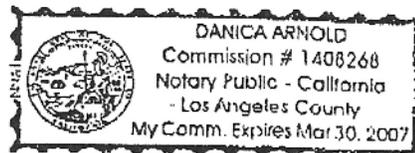
Alex
Bieu
Jennifer

	Alexander Izbicki
(sign here)	(sign here)
	Bieu Honey
(sign here)	(sign here)
	Jennifer Honey
(sign here)	(sign here)
(sign here)	(sign here)
(sign here)	(sign here)

Subscribed in my presence and sworn to before me this

8th day of Feb, 2007


Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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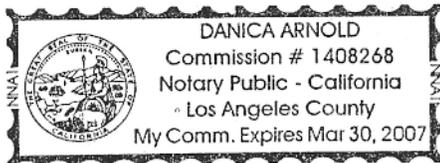
State of California }
County of Los Angeles } ss.

NEBRASKA LIQUOR
CONTROL COMMISSION

On Feb. 8, 2007 before me, Danica Arnold, Notary Public
personally appeared Bieu Van Honey, Jennifer Honey & Alexander Izbicki

personally known to me
 proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Danica Arnold
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Application for liquor license

Document Date: 2/8/07 Number of Pages: 6

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.qlc.state.nj.us

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NEBRASKA LIQUOR
CONTROL COMMISSION

NAME OF LICENSED CORPORATION Metro Diversified, Inc

CLASS & LICENSE NUMBER C

TRADE NAME The Office Gentlemen's Club

STREET ADDRESS 640 W Prospector Ct. #200 CITY Lincoln

[Handwritten signature]
[Handwritten signature]

SIGNATURE OF CORPORATOR

NAME Brent Zywiec

ADDRESS 6106 S. 25th St.

CITY Lincoln

STATE NE

ZIP CODE 68512

HOME PHONE NUMBER 402 525-8880

BUSINESS PHONE NUMBER 402 477-2800

SEX MALE FEMALE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

PLACE OF BIRTH Columbus NE

DRIVERS LICENSE NUMBER & STATE _____

Nebraska

SPOUSE NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

speeding tickets + rolling through a stop sign
 urinating in public - downtown 2001 in a parking garage

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

YES NO The Office, Feb. 2004 IG2227, Playmakers, 2005

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

YES NO prints enclosed

RESIDENCY							
APPLICANT: CITY & STATE		YEAR FROM TO		SERVING CITY & STATE		YEAR FROM TO	
6106 S. 25th St Lincoln		NOV 06	current	Brents continued 2605 SW 14th St Lincoln		01	03
5136 W. S+ Paul Ave Lincoln		06	06	2233 1/2 T St Lincoln		00	01
711 Lakeside Dr. #103 Lin.		05	05	2940 Dudley St Lin.		99	00
5136 W S+ Paul Ave Lincoln		03	05	2321 8th St Columbus		85	99
MONTH/YEAR FROM TO		NAME OF EMPLOYER		NAME OF SUPERVISOR		TELEPHONE NUMBER	
2-04	current	The Office		Tim the Owner		402 477-2800	
1-02	2-04	1st NE Mortgage		Rick Kaiser		402 486-1313	
2-99	1-02	Rhoden Used Cars		Kyle Hager		402-434-7000	
3-98	2-99	Kirby Vacuum Sales		Dan Foote		Don't know out of business	

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FEB 15 2007

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

**NEBRASKA LIQUOR
CONTROL COMMISSION**

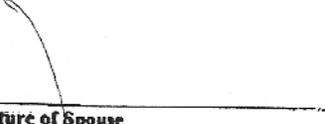
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Applicant



Signature of Spouse

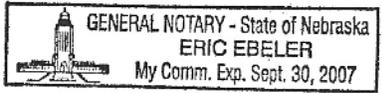
Subscribed in my presence and sworn to before me this 18th
day of January, 2007

Subscribed in my presence and sworn to before me this _____
day of _____



Notary Signature & Seal

Notary Signature & Seal



APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC

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NEBRASKA LIQUOR
CONTROL COMMISSION

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Metro Diversified, Inc.

Corporate Street Address: 6649 Colbath Avenue

City: Van Nuys State: CA Zip Code: 91405

Corporate Telephone Number (818)613-0177

Total number of shares issued (if corporation) 1,000

Is this a Non Profit Corporation? YES NO

If yes, what is your Federal ID #? _____

Name of Registered Agent Brian Howey

Name of Proposed Manager Brent Zywiec

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Izbicki First Name: Alexander MI D.

Address Street 6649 Colbath Avenue City Van Nuys

State CA Zip Code 91405 Home Phone number (818)613-0177

Social Security Number _____ Date of Birth _____

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NEBRASKA LIQUOR CONTROL COMMISSION

List names of all Officers, Directors, Stockholders, Members and their Spouses

Signed app prints

Last Name Izbicki First Name Alexander

Social Security Number _____ Date of Birth _____

Title Chief Executive Officer Number of Shares 500

Spouse Name (indicate N/A if single) N/A

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

50%

Signed app prints

Last Name Honey First Name Bieu

Social Security Number _____ Date of Birth _____

Title Secretary/Treasurer Number of Shares 500

Spouse Name (indicate N/A if single) Jennifer Honey

Spouse Social Security Number _____ Date of Birth _____

Title N/A Number of Shares N/A

50%

Signed app spouse

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

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Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes No

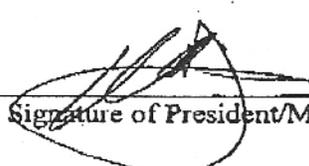
If yes, give name of corporation and supply organizational chart

NEBRASKA LIQUOR CONTROL COMMISSION

Indicate tax year with the IRS

Starting Date 01/01/2007

Ending Date 12/31/2007

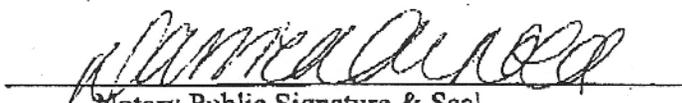

Signature of President/Managing Member

Alex


Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

5th day of Feb, 2007


Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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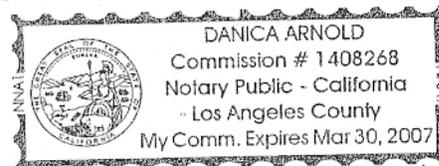
FEB 15 2007

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION
NEBRASKA LIQUOR CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

Jennifer

[Signature]
Signature of Spouse Asking to be Waived



SUBSCRIBED in my presence and sworn to before me this 13th day
of Feb., 2007.

[Signature]
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Bieu

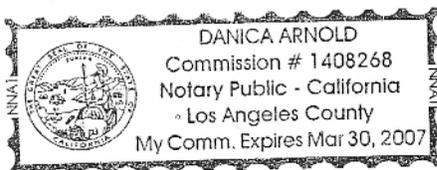
[Signature]
*Signature of applying individual
(spouse of individual listed above)

BIEU HONEY
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 13th day
of Feb., 2007.

[Signature]
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles } ss.

On 2-13-07 before me Danica Arnold Notary Public

personally appeared Jennifer & Bill Honey
Name(s) of Signer(s)

personally known to me
 proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
[Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit of Non-Participation

Document Date: 2-13-07 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



STATE OF

NEBRASKA

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FEB 15 2007

NEBRASKA LIQUOR CONTROL COMMISSION

Department of State
Lincoln, Nebraska

United States of America, }
State of Nebraska } ss.



I, John A. Gale, Secretary of State of Nebraska do hereby certify;

METRO DIVERSIFIED, INC.

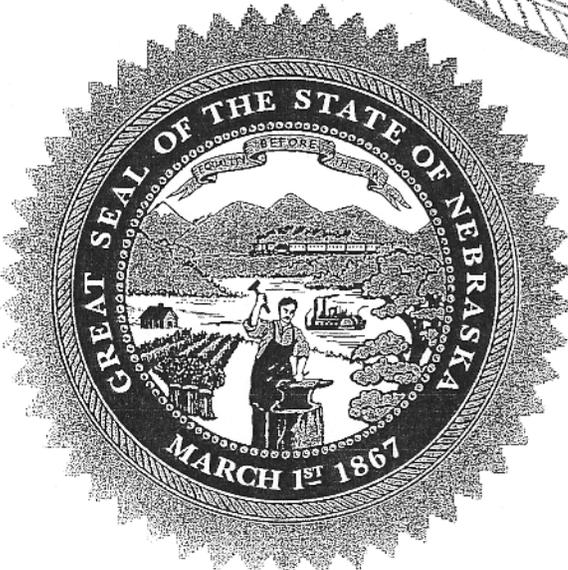
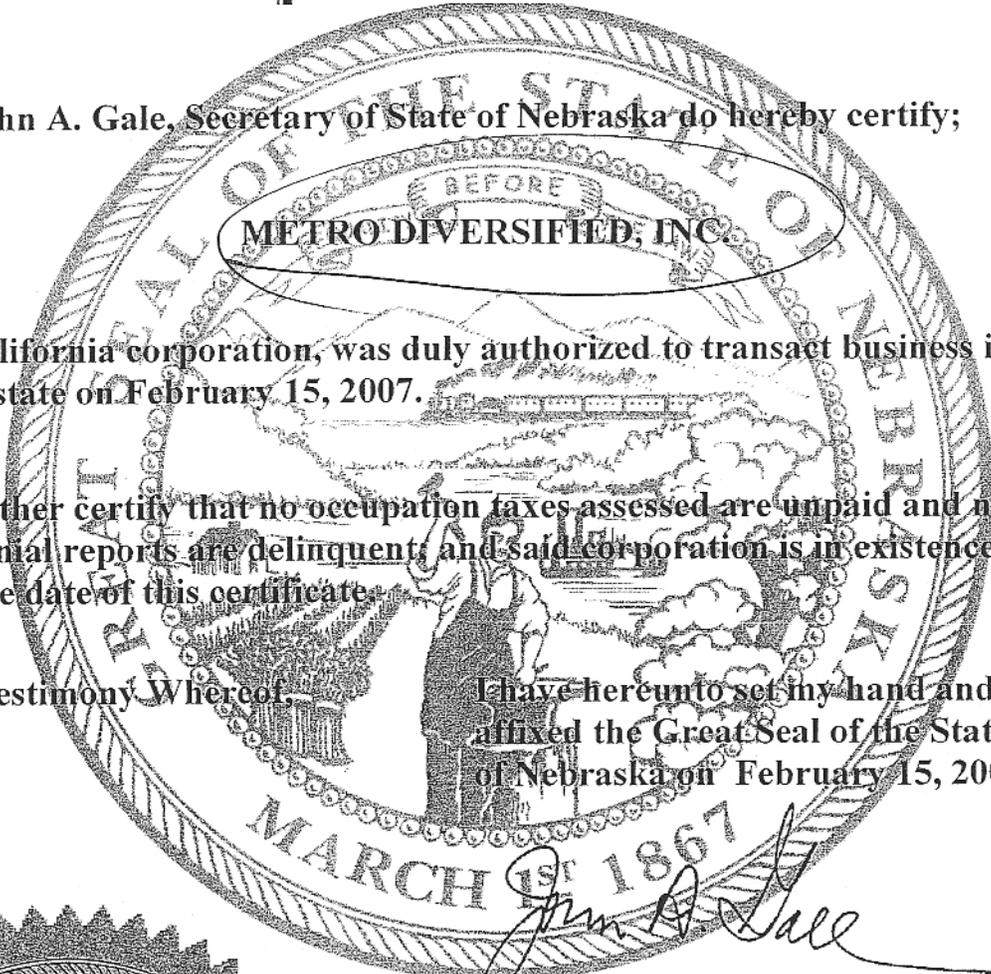
a California corporation, was duly authorized to transact business in this state on February 15, 2007.

I further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent, and said corporation is in existence as of the date of this certificate.

In Testimony Whereof

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on February 15, 2007.

John A. Gale
SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

APPLICATION FOR CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS

RECEIVED

FEB 15 2007

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.state.ne.us>

NEBRASKA LIQUOR
CONTROL COMMISSION



1000699126 Pgs: 3
METRO DIVERSIFIED, INC.
Filed: 02/15/2007 03:08 PM

Submit in Duplicate

Attach a certificate of good standing duly authenticated by the official having custody of the corporate records in the state or country under whose law the corporation is incorporated. Such certificate shall not be more than 60 days old. A certified copy of the articles of incorporation should not be submitted and is not acceptable in lieu of such certificate.

Name of Corporation Metro Diversified, Inc.

Fictitious Name of Corporation _____
(to be used only if actual corporate name is unavailable for use or does not comply with Nebraska law)

Incorporated under the laws of California

Date Incorporation 01/29, 2007
Year

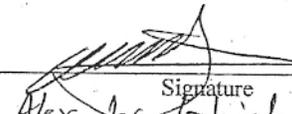
Period of Duration Perpetual

Address of Principal Office 6649 Colbath Ave. Van Nuys, CA 91405
Street Address City State Zip

Registered Agent Brent Zywiec

Registered Office 6106 S. 25th, Lincoln NE 68512
Street Address City State Zip

DATED 2/14/07


Signature
Alexander Izbicki
Printed Name/Title

NOTE: The Business Corporation Act requires that every filing be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

NOTE: To complete this form, you must list officers and directors on back

FILING FEE: \$145.00 (if you have more than one page listing officers and directors please add \$5.00 a page for each additional page)

OFFICERS:

Alexander Izbicki / President
Name/Title

6649 Colbath Avenue Van Nuys CA 91405
Address

Bieu Honey / Sec-treasurer
Name/Title

17541 Nordhoff St Northridge CA 91325
Address

Name/Title

Address

DIRECTORS:

Alexander Izbicki
Name

6649 Colbath Ave. Van Nuys CA 91405
Address

Bieu Honey
Name

17541 Nordhoff St. Northridge, CA 91325
Address

Name

Address

Please Copy this page and submit additional pages if needed.

RECEIVED

FEB 15 2007

NEBRASKA LIQUOR CONTROL COMMISSION

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

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

JAN 29 2007



Debra Bowen

DEBRA BOWEN
Secretary of State