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



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SECRETARY OF STATE

COVER LETTER

TO:	New Filing So Division of C		· .	
SUBJE	ECT: ICA	SHDIRECT, INC	•	•
		(Name of corpo	ration - must include suffix)
Dear Si	ir or Madam:		•	
"Certifi		ation by Foreign Corporation nce," and check are submitted orida.		
	return all corre	spondence concerning this m	atter to the following:	
		(Nan	ne of Person)	
LAV	V OFFIC	ES OF TROY C.	SUGG	
		(Firm	n/Company)	
1910	NOV 00	KARMAN, SUITE	400	
IRVI	INE, CA	`	Address)	
	, O, t		tate and Zip code)	
		n concerning this matter, plea		
TRO	Y SUGO	at \		
	(Name of Per	rşon) (A	rea Code & Daytime Telep	hone Number)
	New Filing So Division of C Clifton Buildi	orporations ing ve Center Circle	MAILING A New Filing S Division of C P.O. Box 633 Tallahassee,	Section Corporations 27
Enclose	ed is a check fo	or the following amount:	•	
\$70.0	00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, 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.

(Enter name of c	ORECT, INC. corporation; must include "INCORPORATE	ED," "COMPANY," "CORPORATION,"					
"inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")						
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in	ı Florida)				
₂ DELAW	ARE	_{3.} 22-3947429					
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)					
4, 11/22/20	006	5. PERPETUAL					
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "pe	rpetual")				
6. NOT PR	NOT PRIOR TO REGISTRATION						
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	 				
₇ 1300 BR	ISTOL ST. N. #100, NE	EWPORT BEACH, CA 9266	0				
·	(Principal office a		•				
1300 BR	ISTOL ST. N. #100, NE	EWPORT BEACH, CA 9266	0				
	(Current mailing						
8. ANY LA	WFUL BUSINESS UNI	DER FLORIDA LAW					
(Purpose(s) of corporation authorized in home state o	r country to be carried out in state of Florida)	Z-X				
9. Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)					
Name:	NRAI SERVICES, INC	C.	HASS				
Office Address:	2731 EXECUTIVE PK	C #4					
	WESTON	, Florida 33331					
	(City)	(Zip code)	₽₩				

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.

JoAn T. Petty, Assistant Secretary

Registered agent's signature

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: A. DIRECTORS Chairman: MATTHEW WIECHERT Address: 1300 BRISTOL ST. N. #100, NEWPORT BEACH, CA 9266 Vice Chairman: NONE Address: _ Director: MATTHEW WIECHERT Address: 1300 BRISTOLST. N. #100, NEWPORT BEACH, CA 92660 **B. OFFICERS** President: MATTHEW WIECHERT Address: 1300 BRISTOL ST. N. #100, NEWPORT BEACH, CA 92660 Vice President: NONE Secretary: MATTHEW WIECHERT Address: 1300 BRISTOL ST. N. #100, NEWPORT BEACH, CA 92660 Treasurer: MATTHEW WIECHERT Address: 1300 BRISTOL ST. N. #100, NEWPORT BEACH, CA 92660 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

14. MATTHEW WIECHERT, PRESIDENT

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

(Signature of Director or Officer listed in number 12 of the application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICASHDIRECT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICASHDIRECT, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5418039

DATE: 02-08-07