

# F17000000/40

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION  
LABELS DIRECT INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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K. SALY

JAN 11 2017

**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. LABELS DIRECT INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "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)

2. MISSOURI

(State or country under the law of which it is incorporated)

3. N/A

(FEI number, if applicable)

4. OCTOBER 24, 1995

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. N/A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 664 TRADE CENTER BLVD, CHESTERFIELD, MO 63005

(Principal office address)

3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC

Office Address: 3030 N. ROCKY POINT DR, STE 150A

TAMPA, Florida 33607

(City)

(Zip code)

9. 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.*

Bill Hume

(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: CHRISTOPHER BUDDE

Address: 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: CHRISTOPHER BUDDE

Address: 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: CHRISTOPHER BUDDE

Address: 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

Treasurer: CHRISTOPHER BUDDE

Address: 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Christopher Budde  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. CHRISTOPHER BUDDE, PRESIDENT  
(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

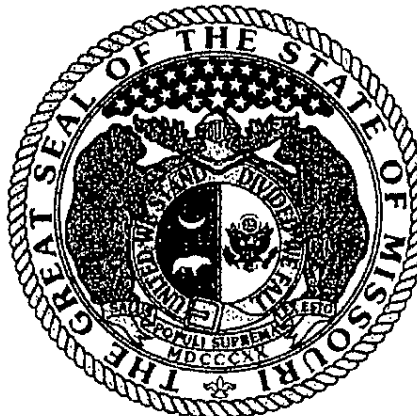
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***LABELS DIRECT INC.***  
***00417828***

was created under the laws of this State on the 24th day of October, 1995, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of January, 2017.

  
Secretary of State



Certification Number: CERT-01092017-0080

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