# FOO DESCOOGLANGE TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations				
SUBJECT: BROWN SPOTS INC.				
(Name of corporation	(Name of corporation - must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for As "Certificate of Existence", and check are submitted to reg to transact business in Florida.	rister the above referenced foreign corporation			
Please return all correspondence concerning this matter to				
ROBERT BROWN	AHASSETA			
ROBERT BROWN (Name of Po	erson)  ASSEE, FL			
BROWN SPOTS IN (Firm/Comp	<u>c.</u> FF. ≥ ET			
(Firm/Comp	PERMIT DE STATE ORIDE			
339/ CR 513				
(Addres	7			
WILD WOOD FL (City/State	34785 2/23			
'(City/State	/Zip) 500031402253 -02/18/0001094001 *****87.50 *****87.50			
Should you need to call someone concerning this matter,	please call:			
ROZERT BROWN at (904) 235-5317 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS:	MAILING ADDRESS:			
	Qualification/Tax Lien Section			
	Division of Corporations P.O. Box 6327			
	Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
	\$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. BROWN SPOTS, INC.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a	
natural person or partnership if not so contained in the name at present.)	
The second of the second	
2. Arkansas 3. 71-0681347 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
1. C at act 1000	
4. AWGNST 24, 1989  (Date of incorporation)  5. PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")	<del></del> . ·
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
6. <u>JANUARY 1, 2000</u> (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
(Date first transacted business in Fioritia.) (SEE SECTIONS 007.1301, 007.1302 and 617.133, F.S.)	
7. <b>3</b> 329/ CR 513	
WILOWOOD FL 34785 (Current mailing address)	
(Current mailing address)	<u> </u>
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ARE A	$\blacksquare$
8. AUDIO PRODUCTION SERVICES ==	<u>8</u> T
8. Auni o Production Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	18
	о ; П
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
To State of the st	₹ U Ģ თ
Name: ROBERT BROWN	Ċ.
	55
Office Address: <u>339/ CR 5/3</u>	
WILD WOOD FL 34785 , Florida, 34783	
WILD WOUTO FL 34785 , Florida, 34785 (Zip code)	
10. Registered agent's acceptance:	
20 August du ligeau d'une principal	
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	
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit	
the obligations of my position as registered agent,	•
411/4	
XOWSH	
(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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: ROBERT BROWN	· · ·
Address: 33 91 CR 513	
WILD WOOD, FL 34785	
Vice Chairman:	
Address:	
Dimentous	
Director:	
Address:	
Director:	
Address:	00 TA
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	<u> </u>
,	FII AHAS AHAS
President: ROBERT BROWN	
Address: 3391 CR 513	—————————————————————————————————————
WILLOWARD, FL 34785	TATE 5
Vice President:	ος. 10 λ
Address:	······································
Secretary: ROBERT BROWN	
Address: 3391 CR 513	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	f the application)
14. ROBERT BROWN	· rr,
(Typed or printed name and capacity of person signing app	olication)



## State of Arkansas SECRETARY OF STATE



## OF A DOMESTIC CORPORATION

I, Sharon Priest, Secretary of State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

#### BROWN SPOTS, INC.

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation	n Au	gust 24,
1989. AHAM	FEB	<u> </u>
I further certify that as far as the records show, this corporation is at this time chartered a standing, having met all the requirements governing a domestic corporation in this State.		good
· الله الله الله الله الله الله الله الل	≧ utoogy	office in
the City of Little Rock, Arkansas this 22nd day of December 1999.	59	

