



THE UNITED STATES  
CORPORATION  
COMPANY

# F00000001068

ACCOUNT NO. : 072100000032

REFERENCE : 599191 7150788

AUTHORIZATION :

*Patricia Kyzar*

COST LIMIT : \$ 87.50

RECEIVED  
DIVISION OF CORPORATIONS  
00 FEB 28 PM 5:02

ORDER DATE : February 23, 2000

ORDER TIME : 2:39 PM

ORDER NO. : 599191-010

CUSTOMER NO: 7150788

300003150393--8

CUSTOMER: Ms. Lisa Pring  
Ms. Lisa Pring  
P.O. Box 624

Gloucester, VA 23061

FOREIGN FILINGS

NAME: ALCHEMY DESIGNS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 FEB 28 PM 3:13

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*nk*  
*2/28/00*

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1. ALCHEMY DESIGNS, INC.

2 DELAWARE

3. 54-1671320

4. 05/21/93

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7 1539 SOUTH ORANGE AVENUE, SARASOTA, FL 34239

## 8. Publishing

(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 or Mail Drop Box **NOT** acceptable)

Name: Lisa Pring

Office Address: 1539 South Orange Avenue

Sarasota

Florida. 34239

(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.*

LISA PRING

By: Dea V. King  
(Registered agent's signature)

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

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

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

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

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

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

Director: Martin J. Pring

Address: 1539 South Orange Avenue

Sarasota, FL 34239

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Lisa Pring

Address: 1539 South Orange Avenue

Sarasota, FL 34239

Vice President: Lisa Pring

Address: 1539 South Orange Avenue

Sarasota, FL 34239

Secretary: Lisa Pring

Address: 1539 South Orange Avenue

Sarasota, FL 34239

Treasurer: Lisa Pring

Address: 1539 South Orange Avenue

Sarasota, FL 34239

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

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa Pring, President

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

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SARASOTA  
FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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SECRETARY OF STATE  
CORPORATIONS

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALCHEMY DESIGNS, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCHEMY DESIGNS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MAY, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Edward J. Freel*  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

2337399 8300

AUTHENTICATION:

0278809

001094182

DATE:

02-25-00