

FOOOOOO6996

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Post Management, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Murray Post

(Name of Person)

300003483673--1

-12/01/00--01086--007

*****70.00 *****70.00

(Firm/Company)

2341 Porter Lake Drive, Suite 109

(Address)

W-28674

Sarasota, FL 34240-7834

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Jerry Miles

(Name of Person)

at (941) 365-4617

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
00 DEC 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtm

12/18

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 6, 2000

MURRAY POST
2341 PORTER LAKE DR., STE 109
SARASOTA, FL 34240-7834

SUBJECT: POST MANAGEMENT, INC.
Ref. Number: W00000028674

We have received your document for POST MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, Vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 400A00061653

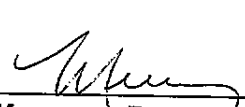
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CLERK OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Murray Post, do hereby certify that this Resolution of the Board of Directors of Post Management Inc. a corporation duly organized and existing under the laws of the State of Ohio, was duly adopted on December 14, 2000.

BE IT RESOLVED, that Post Management Inc., organized and existing in the State of Ohio, hereby adopts the name Post Management Inc. of Sarasota for use in the State of Florida.


Murray Post, Chairman

date

12/14/00

00 DEC 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. Post Management, 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.)

2. Ohio

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

3. 34-1737626

(FEI number, if applicable)

4. 04/22/93

(Date of incorporation)

5. Perpetual

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

6. 01/10/2000

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

7. 2341 Porter Lake Drive, Suite 109

Sarasota, FL 34240-7834

(Current mailing address)

8. Business location moved

(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: Murray Post

Office Address: 2341 Porter Lake Dr. Ste 109

Sarasota

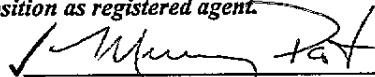
, Florida, 34240

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. 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.



(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 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: _____

Address: _____

Director: _____

Address: _____

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

President: Murray Post

Address: 2341 Porter Lake Drive, Suite 109

Sarasota, FL 34240-7830

~~XXXXXXX~~ Secretary: Susan Post

Address: 2341 Porter Lake Drive, Suite 109

Sarasota, FL 34240-7830

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Murray Post

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**

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I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show POST MANAGEMENT INC., an Ohio corporation, Charter No. 843689, having its principal location in Youngstown, County of Mahoning, was incorporated on April 22, 1993 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at
Columbus, Ohio on
November 9, 2000

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State

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00 DEC 18 AM 10:54
SECRETARY OF STATE
ALABAMA