

FD1000002914

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

5/29

MJH

SUBJECT:

JAG SPECIALTIES, INC.

(Name of corporation - must include suffix)

600004326006--0

-05/29/01--01137--012

*****87.50 *****87.50

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:

RICHARD M. KLITENICK, ESQ

(Name of Person)

RICHARD M. KLITENICK, P.A.

(Firm/Company)

624 WHITEHEAD STREET

(Address)

KEY WEST, FL 33040

(City/State and Zip code)

For further information concerning this matter, please call:

RICHARD KLITENICK

(Name of Person)

at (305) 292-4101

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 29 PM 5:07

FILED

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**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. JAG SPECIALTIES, 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. ALABAMA 3. 63-1253001
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 21, 2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MAY 10, 2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 419 DUVAL STREET, SUITE C
(Principal office address)
KEY WEST, FL 33040
(Current mailing address)

8. RETAIL
(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: RICHARD M. KLITENICK, ESQ.

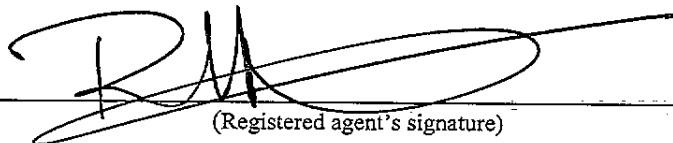
Office Address: 624 WHITENHEAD STREET

KEY WEST, Florida 33040
(City) (Zip code)

FILED
01 MAY 29 PM 5:07
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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JASON SCHMITT

Address: 419 DUVAL STREET, SUITE C
KEY WEST, FL 33040

Vice Chairman: _____

Address: _____

Director: GABRIELLE SCHMITT

Address: 419 DUVAL STREET, SUITE C
KEY WEST, FL 33040

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. JASON SCHMITT, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that JAG Specialties, Inc. incorporated in Tuscaloosa County, Tuscaloosa, Alabama on June 21, 2000. I further certify that the records do not disclose that said JAG Specialties, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 18, 2001

Date

A handwritten signature in cursive script, reading 'Jim Bennett', written over a horizontal line.

Jim Bennett

Secretary of State