# F0300000961810

SECKETARY OF STATE TALLAHASSEE, FLORIDA

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02/21/03--01079--011 \*\*70.00

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03 FEB 20 AM II: 10

TRANSMITTAL

SEURETARY OF STATE TALLAHASSEE, FLORIDA

PROJECT: Business Registration DATE: 2/19/03

TO: Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

-	WE ARE SENDING:	SUBMITTED FOR:		ACTION TAKEN:
	Shop Drawings	Approval		Approved as Submitted
	Letter	Your Use		Approved as Noted
٦	Prints	As Requested		Returned After Loan
	Change Order	Review & Comment		Resubmit
	Plans	Engineering	X	Submit
	Samples	SENT VIA:		Returned
	Specifications	X Attached		Returned for Corrections
₹	Other:	Separate Cover Via:		

COPIES	DATED	<u>DESCRIPTION</u>	<u>STATUS</u>
2) Each		Application for Registration of Foreign Business	
1) Each	02/19/03	Check No. 20171 Filing Fee	
1) Each		FedEx Airbill for Use in Returning Documentation	

#### TRANSMITTAL LETTER

#### FILED

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Registration Section	くしきひと スロックフォナビ
Division of Corporations	SEÜRLTARY OF STATE
•	TALLAHASSEE, FLORIDA

Division of Corporations	TALLAHASSEE, F
SUBJECT: A Thru Z Consulting	·
	oration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporatio "Certificate of Existence", and check are submitted to transact business in Florida.	on for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation
Please return all correspondence concerning this a	matter to the following:
Şean Stoddard	
(Na	me of Person)
A Thru Z Consulting and Di	istributing. Inc.
	m/Cômpanỳ)
PO Box 30820	
	(Address)
Tucson, AZ 85751-0820	
	State and Zip code)
For further information concerning this matter, pl	ease call:
Angelica Gonzalez at (52	20 ) 749-0544
(Name of Person) (A	Area Code & Daytime Telephone Number)
CENTER A PROPERC	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Taliahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

### FILED

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT. RUSINESS IN FLORIDA 03 FEB 20 AM 11: 10

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TARY OF STATE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL LAHASSEE, FLORIDA

(State or country ur	California  Identhe law of which it is incorporated)	_3. <u>95-445</u>	1245 (FEI number, if applic	able)
11/03/93	}	5. Perpet	ual	
	fincorporation)		ear corp. will cease to e	xist or "perpetual")
			· · · · · · · · · · · · · · · · · · ·	
Date first transacte	d business in Florida. If corporation hat (SEE SECTIONS 607.			upon qualification.")
1641 W. C	ommerce Ct., Tucson. (Principal office			
DO D 30	•	•		
FO ROX 30	820, Tucson, AZ 85751	1-0820		
	Correct mailing	address)		
	(Current mailing	address)		
	`	•		
One time	contractural job at .	lacksonvill	e Zóo	10
One time (Purpose(s)	`	lacksonvill	e Zoo ied out in state of Flori	da)
(Purpose(s)	contractural job at .	lacksonwill or country to be carr	ied out in state of Flori	
(Purpose(s)	COULTACTURAL job at of corporation authorized in home state	lacksonwill or country to be carr	ied out in state of Flori	
(Purpose(s)	contractural job at . of corporation authorized in home state t-address of Florida registered age Robert Worman	lacksonwill or country to be carrent: (P.O. Box or	ied out in state of Flori	
(Purpose(s)	COULTACTURAL job at of corporation authorized in home state taddress of Florida registered age	lacksonwill or country to be carrent: (P.O. Box or	ied out in state of Flori	
(Purpose(s)  Name and stree  Name:	contractural job at . of corporation authorized in home state t-address of Florida registered age Robert Worman	lacksonwill or country to be carrent: (P.O. Box or #102	ied out in state of Plori Mail Drop Box <u>NOT</u>	
(Purpose(s)  Name and stree  Name:	contractural job at of corporation authorized in home state  taddress of Florida registered age  Robert Worman  1030 N Orange Ave	lacksonwill or country to be carrent: (P.O. Box or	ied out in state of Plori Mail Drop Box <u>NOT</u>	
(Purpose(s)  Name: and stree  Name:  Tice Address:	contractural job at of corporation authorized in home state taddress of Florida registered ago Robert Worman 1030 N Orange Ave Orlando (City)	lacksonwill or country to be carrent: (P.O. Box or #102	ied out in state of Plori Mail Drop Box <u>NOT</u>	
(Purpose(s)  Name:  Name:  Fice Address:  Registered age	contractural job at of corporation authorized in home state  taddress of Florida registered ago  Robert Worman  1030 N Orange Ave  Orlando  (City)  ent's acceptance:	lacksonvillor country to be carrent: (P.O. Box or #102, Fiorida	icd out in state of Flori Mail Drop Box NOT  32801  (Zip code)	_acceptable)
(Purpose(s)  Name: and stree  Name:  ice Address:  Registered age ving been name	contractural job at of corporation authorized in home state  taddress of Florida registered age  Robert Worman  1030 N Orange Ave  Orlando  (City)  ent's acceptance: d as registered agent and to accept	lacksonvill or country to be carr ent: (P.O. Box or #102, Florida service of process	icd out in state of Flori  Mail Drop Box NOT  32801  (Zip code)  for the above stated	_acceptable) _ corporation at the pla
(Purpose(s)  Name:  Name:  Ice Address:  Registered age ving been name ignated in this a	contractural job at of corporation authorized in home state  taddress of Florida registered ago  Robert Worman  1030 N Orange Ave  Orlando  (City)  ent's acceptance:	Hackson will or country to be carrent: (P.O. Box or #102, Florida service of process ointment as registed	icd out in state of Flori  Mail Drop Box NOT  32801  (Zip code)  for the above stated ered agent and agree	ecorporation at the played and the p

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	FILED
Chairman:	
Address:	SECRETARY OF STATE
	. TALLAHASSEE ELODI
Vice Chairman:	<u></u> .
Address:	
	<u></u>
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Sean Stoddard	
Address: PO Box 30820	
Tucson, AZ 85751-0820	
Vice President:	
Address:	
Secretary: Camm Stoddard	
Address: PO Box 30820 Tucson, AZ 85751-0820	
Treasurer:	
Address:	
NOTE: If necessary four may attach an addendum to the application list	sting additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer i	
	isted in number 12 of the application)
14. Camm Stoddard  (Typed or printed name and capacity of person s	ioning annlication)



## SECRETARY OF STATE CERTIFICATE OF STATUS

#### DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 3rd day of November, 1993, A THRU Z CONSULTING AND DISTRIBUTING, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 14, 2003.

Keini Rulle

KEVIN SHELLEY
Secretary of State