

F03000003061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

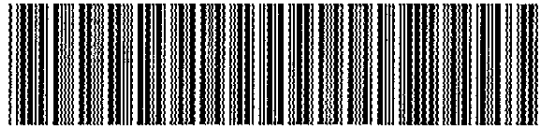
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 19 PM 3:22

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREATIVE PROMOTIONAL CONCEPTS, INC.
(Name of corporation - must include suffix)

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03 JUN 19 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

GREG MEEHAN
(Name of Person)
CREATIVE PROMOTIONAL CONCEPTS, INC.
(Firm/Company)
1301 CORPORATE CENTER DR. SUITE 175
(Address)
EAGAN, MN 55121
(City/State and Zip code)

For further information concerning this matter, please call:

GREG MEEHAN at (952) 994-8360
(Name of Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 21, 2003

GREG MEEHAN
1301 CORPORATE CENTER DR STE. 175
EAGAN, MN 55121

SUBJECT: CREATIVE PROMOTIONAL CONCEPTS, INC.
Ref. Number: W03000011281

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CREATIVE PROMOTIONAL CONCEPTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 203A00023991

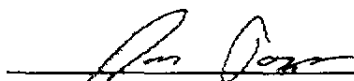
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. CREATIVE PROMOTIONAL CONCEPTS, 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. MINNESOTA 3. 41-1889475
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/28/97 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 2002
(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. 17112 CARRINGTON PARK DR. #903, TAMPA, FL 33647
(Principal office address)
1301 CORPORATE CENTER DR., SUITE 1175, EAGAN, MN, 55121
(Current mailing address)
8. EVENT MARKETING & PRODUCT TOURING/SAMPLING
(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: FIRM INSURANCE : ROB DEVIERE
Office Address: 705 N. PARSONS AVE
BRANDON, Florida 33510
(City) (Zip code)

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: IAN LAWRON
Address: 448 ASHLAND AVE.
ST. PAUL, MN 55102

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SEAL OF THE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: IAN LAWRON
Address: 448 ASHLAND AVE.
ST. PAUL, MN 55102

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: GREG MEEHAN

Address: 13200 LONGVIEW DR. BURNSVILLE, MN 55337

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. GREG MEEHAN, TREASURER / OPERATIONS

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

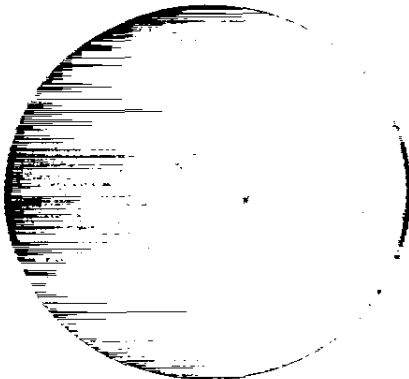
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Creative Promotional Concepts, Inc.

Date Formed: 10/28/1997

Chapter Governed By: 302A

This certificate has been issued on 05/12/03.



Mary Kiffmeyer
Secretary of State.