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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Cutting Edge Marketing Group, 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:

Ellen Marie Averill  
(Name of Person)  
The Cutting Edge Marketing Group, INC.  
(Firm/Company)  
13705 Beach Blvd.  
(Address)  
Jacksonville, FL 32250  
(City/State and Zip code)

For further information concerning this matter, please call:

Ellen Averill at (904) 821-8043  
(Name of Person) (Area Code & Daytime Telephone Number)

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**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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. THE CUTTING EDGE MARKETING GROUP, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING 3. 42-1687232  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/2003 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(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. 13705 BEACH BLVD JACKSONVILLE, FL 32224  
(Principal office address)

SAME  
(Current mailing address)

8. INSURANCE SALES  
(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: ELLEN AVERILL

Office Address: 13705 BEACH BLVD

JACKSONVILLE, Florida 32224  
(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.*

Ellen Averill

(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:

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**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: ELLEN AVERILL

Address: 3339 LIGHTHOUSE POINT LN

JACKSONVILLE, FL 32250

Vice President: JANET OWEN

Address: PO BOX 49152

JACKSONVILLE BEACH, FL 32240

Secretary: DAVID DE JESUS

Address: 3701 DANFORTH DR. APT 202 JACKSONVILLE, FL 32224

Treasurer: DAVID DE JESUS

Address: 3701 DANFORTH DR. APT 202, JACKSONVILLE, FL 32224

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

13. Ellen Averill  
(Signature of Director or Officer listed in number 12 of the application)

14. Ellen Averill, pres.  
(Typed or printed name and capacity of person signing application)

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# State of Wyoming

## Office of the Secretary of State



United States of America,  
State of Wyoming } ss.

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I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, The CUTTING EDGE MARKETING GROUP, INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 10/20/2003 and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 28th day of October A.D., 2003.



*Joseph B. Meyer*  
\_\_\_\_\_  
Secretary of State

By *[Signature]*  
\_\_\_\_\_