

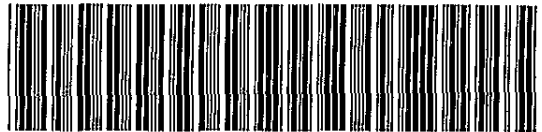
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Special Instructions to Filing Officer:

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W03-37324  
J. BRYAN DEC 1 11 2003

J. BRYAN FEB - 4 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABBY'S ONE TRUE GIFT ADOPTIONS, 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 transact business in Florida.

Please return all correspondence concerning this matter to the following:

PARKIA GERLITZ  
(Name of Person)

ABBY'S ONE TRUE GIFT ADOPTIONS, INC  
(Firm/Company)

1 SUGAR CREEK LANE  
(Address)

WAUKEE, IA 50263  
(City/State and Zip code)

For further information concerning this matter, please call:

BRIAN K. NEWTON, CPA at ( 515 ) 288-3279  
(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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 10, 2003

PATRICIA GERLITZ  
ABBY'S ONE TRUE GIFT ADOPTIONS, INC.  
1 SUGAR CREEK LANE  
WAUKEE, IA 50263

SUBJECT: ABBY'S ONE TRUE GIFT ADOPTIONS, INC.  
Ref. Number: W03000037324

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ADOPTIONS

We have received your document for ABBY'S ONE TRUE GIFT ADOPTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 503A00066301

# 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.

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1. ABBY'S ONE TRUE GIFT ADOPTIONS, 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. IOWA 3. 14-188911L  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 25, 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. 1 SOLAR CREEK LANE; WAUKEE, IOWA 50263  
(Principal office address)
- "SAME"  
(Current mailing address)
8. ADOPTION FACILITATION SERVICE  
(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: Leo M Kardick  
Office Address: 7159 Satellite Road  
Titusville, Florida N/A 32780  
(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.

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

**A. DIRECTORS**

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

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

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

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

Director: PATRICIA GERLITZ

Address: 1 SOLAR CREEK LANE, WAUKEE, IA 50263

Director: K.C. GERLITZ

Address: 1 SOLAR CREEK LANE, WAUKEE, IA 50263

**B. OFFICERS**

President: PATRICIA GERLITZ

Address: SAME AS ABOVE

Vice President: K.C. GERLITZ

Address: SAME AS ABOVE

Secretary: PATRICIA GERLITZ

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

Treasurer: PATRICIA GERLITZ

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

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. PATRICIA GERLITZ, PRESIDENT

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

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**IOWA**

Date: 07/14/2003

**SECRETARY OF STATE**

490 DP-000281365  
ONE TRUE GIFT ADOPTIONS, INC.  
ONE TRUE GIFT ADOPTION  
P. GERLITZ  
1 SUGAR CREEK LANE  
WAUKEE, IA 50263

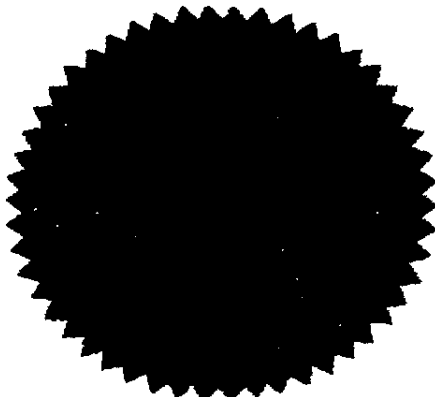
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DIVISION

## CERTIFICATE OF EXISTENCE

Name: ONE TRUE GIFT ADOPTIONS, INC.  
Begin date: 06/27/2003  
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



CHESTER J. CULVER

SECRETARY OF STATE

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