F0400001041

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

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TRANSM	11TTAL LETTER	7 7
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TO: Registration Section		700
Division of Corporations		
Char	a Cina Ti	W. 20 00
SUBJECT: STEV	e Crippe, Inc	
(Name of co	orporation - must include suffix)	977 39
`	•	62
Dear Sir or Madam:		4 0
Dear on or windam.		
The smale and "Ameliantian by Tourier Company	tion for Authorization to Transa	of Dusiness in Florida"
The enclosed "Application by Foreign Corpora	itted to resistantly shows referen	card foreign componention to
"Certificate of Existence", and check are subm	itted to register the above referen	icea foreign corporation to
transact business in Florida.		
Please return all correspondence concerning th	is matter to the following:	
~	Lave Course	
<u>ر</u>	teve Crippe	
(Name of Person)	
C	1	
	steve Crippe, =	fnc
	Firm/Company)	•
· · · · · · · · · · · · · · · · · · ·		
P	0 180x 23413	
	(Address)	
·	(ampa, FL 3	362.7
- CC	ty/State and Zip code)	
(CI	ty/State and Zip code)	
For further information concerning this matter	, please call:	
_		
Colore Cr. no	013 078 GOLL	
Steve Crippe at (013)010 107	<u> </u>
(Name of Person)	(Area Code & Daytime Teleph	none Number)
,		•
STREET ADDRESS:	MAILING ADDRES	ss:
	Registration Section	
Registration Section		
Division of Corporations	Division of Corporati	Olis
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 3231	14
Enclosed is a check for the following amount:		
\ <i>f</i>		
☐ \$70.00 Filing Fee \$78.75 Filing Fee	& 🗇 \$78.75 Filing Fee &	☐ \$87.50 Filing Fee,
Certificate of Sta		Certificate of Status &
1	• •	Certified Copy



Secretary of State

December 30, 2003

STEVE CRIPPE STEVE CRIPPE, INC. PO BOX 23413 TAMPA, FL 33623

SUBJECT: STEVE CRIPPE, INC. Ref. Number: W03000039745

We have received your document for STEVE CRIPPE, 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):

A brief description of the entity's nature of business must be included in the document.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 703A00069255

Joey Bryan Document Specialist MINERAL CORPORATIONS IN SOME STATE OF S

Steve Crippe, Inc.

Quality United States Stamps



MINTER 25 M 8:39

January 2, 2004

Florida Department of State Division of Corporations Attn: Joey Bryan-Document Specialist PO Box 6327 Tallahassee, FL 32314

Ref. Number: W03000039745 Letter Number: 703A00069255

Dear Sir,

We are writing to acknowledge receipt of your letter dated December 30, 2003, requesting additional information and a certificate of existence. It is our intent to comply as promptly as possible.

We have initiated a request for Certificate of Existence/Good Standing from the State of Washington, Secretary of State office, and will forward same to your office as soon as we receive the document.

Sincerely,

Steven Derippe

President

cc: John Krona, file

Steve Crippe, Inc.

Quality United States Stamps





February 19, 2004

Florida Department of State Division of Corporations Attn: Joey Bryan-Document Specialist PO Box 6327 Tallahassee, FL 32314

Ref. Number: W03000039745 Letter Number: 703A00069255

Dear Sir,

We have received a Certificate of Existence/Good Standing from the State of Washington, Secretary of State office, and are now forwarding same to your office, as per your request.

If there are any questions, I may be reached at 813-878-9845.

Sincerely,

Steven D. Crippe

President

cc: John Krona, file

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN RE	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO CONSIDER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1.	thus Crisis This
. (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.	Washington 3. 91-2002075 State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of incorporation) 5. Rerpetual (Duration: Year corp. will cease to exist or "perpetual")
6.	Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "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	4221-W Spruce St, #2422, Tampa, FL 33607 (Principal office address)
-	PO Box 23413, Tampa, FL 33623 (Current mailing address)
8.	(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: Steve Crippe
Of	Name: Steve Crippe fice Address: 4221-W Spruce St #2422 Tampa, Florida 33607 (City) (Zip code)
	(City), Florida 33607
10. Ha des	Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, of I am familiar with and accept the obligations of my position as registered agent.
	- COO .
	(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:	Steven D. Crippe
Address:	4221-W Spruce St, #2422
	4221-W Spruce St, #2422 Tampa, FL 33607
	1/9, 'E.
Address:	THE SECTION ASSESSMENT OF THE SECTION ASSESS
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	Steven D. Crippe
Address:	4221 - W Spruce St, #2422 Tampa FC 33607
<u> </u>	Tampa FL 33607
	•
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
-	you may attach an addendum to the application listing additional officers and/or directors.
13(Signa	nure of Director or Officer listed in number 12 of the application)
14	STEVEN D. CRIPPE President
	(Typed or printed name and capacity of person signing application)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

STEVE CRIPPE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 11/9/1999.

I FURTHER CERTIFY that as of the date of this certificate, STEVE CRIPPE, INC. remains active and has complied with the filing requirements of this office.

Date: February 6, 2004

UBI: 601-991-991

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State