

FOY000002591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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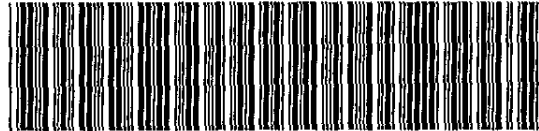
(Business Entity Name)

(Document Number)

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04 MAY 04 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BZL

W04-17135  
FILED  
04 MAY 11 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 4, 2004

S. YARTIN  
PMB 223, 445 STATE ROAD 13N, #26  
JACKSONVILLE, FL 32259

SUBJECT: ELCREST, INC.  
Ref. Number: W04000017135

FILED  
04 MAY 11 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ELCREST, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 404A00030392

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELCREST 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:

S. YARTIN  
(Name of Person)

ELCREST INC.  
(Firm/Company)

PMB 223, 445 STATE ROAD 13 N., # 26  
(Address)

JACKSONVILLE, FLORIDA 32259  
(City/State and Zip code)

For further information concerning this matter, please call:

SUSAN YARTIN at ( 904 ) 230-4747  
(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

FILED  
04 MAY 11 PM 5: 5  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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. ELCREST 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. NEVADA

(State or country under the law of which it is incorporated)

3. 02-0719993

(FEI number, if applicable)

4. 4-19-2004

(Date of incorporation)

5. PERPETUAL

(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. 505 CARAWAY CT. JACKSONVILLE, FL. 32259

(Principal office address)

PMB 223, 445 STATE ROAD 13N. #26 JACKSONVILLE, FL. 32259

(Current mailing address)

8. BUSINESS MANAGEMENT

(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: SUSAN YARTIN

Office Address: 505 CARAWAY CT.

JACKSONVILLE FL.

(City)

, Florida 32259

(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.*

Susan Yartin

(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**

1st Director

Chairman:

S. YARTIN

Address: PMB 223, 445 STATE RD 13 N. #26

JACKSONVILLE, FLORIDA 32259

Vice Chairman:

Address:

Director:

R. YARTIN

Address: PMB 223, 445 STATE RD. 13 N. #26

JACKSONVILLE, FLORIDA 32259

Director:

M. YARTIN

Address: PMB 223, 445 STATE ROAD 13 N. #26

JACKSONVILLE, FLORIDA 32259

**B. OFFICERS**

President:

S. YARTIN

Address: PMB 223, 445 STATE RD 13 N. #26

JACKSONVILLE, FLORIDA 32259

Vice President:

S. YARTIN

Address: PMB 223, 445 STATE RD 13 N. #26

JACKSONVILLE, FLORIDA 32259

Secretary:

S. YARTIN

Address: PMB 223, 445 STATE RD 13 N. #26 JACKSONVILLE, FL. 32259

Treasurer:

S. YARTIN

Address: PMB 223, 445 STATE RD 13 N. #26, JACKSONVILLE, FL. 32259

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

13.

Susan Yartin

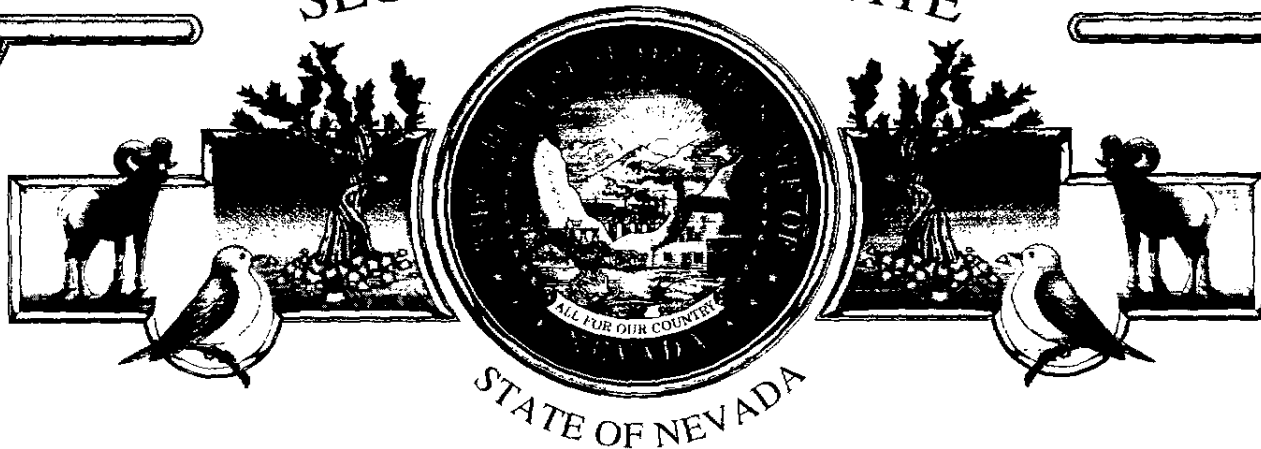
(Signature of Director or Officer listed in number 12 of the application)

14.

SUSAN YARTIN / 1<sup>st</sup> DIRECTOR

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

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ELCREST INC.**, as a close corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 19, 2004, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 19, 2004.

*Dean Heller*

DEAN HELLER  
Secretary of State

By *Laurie Freeman*

Certification Clerk