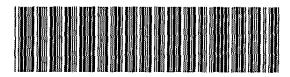
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	(Requestor's Name)	
	(Address)	
 	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
-	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

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DI MAY 25 AM II: 45

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Shop Listings Corporation					
		ation - must include suffix))		
Dear Sir or Madam:					
The enclosed "Applic "Certificate of Exister transact business in Fl	ation by Foreign Corporation ace", and check are submitted orida.	for Authorization to Transa to register the above refere	nct Business in Florida", nced foreign corporation to		
Please return all corre	spondence concerning this ma	tter to the following:			
Tammy Camp	- "Elli 7	<u> </u>	<u> </u>		
	(Nam	e of Person)	50 O		
Shop Listings Corp	poration	ر سے اور			
		/Company)	王山之		
10157 W 11-1-	-1 A TRED #106	,	25		
12157 W. Lineball	gh Ave, PMB #106	Address)			
	(A	iddress)			
Tampa, Florida	<u> </u>				
	(City/Sta	ate and Zip code)	聖 こ		
			3		
For further informatio	n concerning this matter, plea	se call:			
33626	at (813	920-5266			
(Name of Per		ea Code & Daytime Telepl	none Number)		
•					
STREET ADDRESS	:	MAILING ADDRES	SS:		
Registration Section		Registration Section			
Division of Corporation	ons	Division of Corporati	ons		
109 E. Gaines St. P.O. Box 6327					
Tallahassee, FL 3239	9	Tallahassee, FL 3231	14		
Enclosed is a check for	or the following amount:				
2 \$70.00 Filing Fee	☐ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee &	☐ \$87.50 Filing Fee,		
	Certificate of Status	Certified Copy	Certificate of Status &		
			Certified Copy		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 20, 2004

TAMMY CAMP 12157 W. LINEBAUGH AVE PMB #106 TAMPA, FL 33626

SUBJECT: SHOP LISTINGS CORPORATION

Ref. Number: W04000015132

We have received your document for SHOP LISTINGS CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 \$1050.00.

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: 304A00025965

GENERAL AFFIDAVIT

State of Florida County of Hillsborough

My commission expires: AQ

	BEFORE ME, the undersigned Notary, [name of Motary before whom				
	affidavit is sworn], on this [day of month] day of [M] [month], 20, personally appeared Tammy Camp, known to me to be a credible person and of lawful age, who being by me first duly sworn, on her oath, deposes and says:				
	On the Application by Foreign Corporation For Authorization to Transact				
	Business in Florida, Line Number 6 is incorrect.				
	The Date First Transacted Business in Florida should be				
	"Upon Qualification".				
_	[signature of affiant]				
	Tammy Camp				
	12157 W. Linebaugh Ave, PMB # 106				
	Tampa, Florida 33626				
	Subscribed and sworn to before me, this [day of month] day of [Notary Seal:]				
	[signature of Notary]				
	Sto hane of Notary] (1)				
	NOTARY PUBLIC				

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.

Shop Listings Corporation					
	ter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
(If name unavailable in Florida, enter alternate co	rporate name adopted for the purpose of transac	ting business in Florida)			
2. Delaware	3. 02-0712086				
(State or country under the law of which it is inco	rporated) (FEI number, if ap	oplicable)			
November 25, 2003	5. Ending date - December 3				
(Date of incorporation)	(Duration: Year corp. will cease	to exist or "perpetual")			
6. November 25, 2003		<u></u>			
(Date first transacted business in Florida, If corpo	viration has not transacted business in Florida, ins NNS 607.1501, 607.1502 and 817.155, F.S.)	ert "upon qualification.")			
·					
7. 12157 W. Linebaugh Ave, PMB #106, 7	pal office address)	<u> </u>			
i mu	par office audiossy				
Curren	t mailing address)	<u></u>			
(0	and the second				
Internet based business.		7			
· · · · · · · · · · · · · · · · · · ·	me state or country to be carried out in state of I	Florida)			
 Name and <u>street address</u> of Florida registe 	ered agent: (PO Box or Mail Drop Box N	OT accentable)			
	red agent. (1.0. Dox of Mail Diop Box 11.	ASE N			
Name: Tammy Camp		- SE ST -			
Office Address: 12157 W. Linebaugh Ave,	PMB #106	TS B M			
Tampa (City)	, Florida 33626	+5 RID			
(City)	(Zip code)	A G			
10. Registered agent's acceptance:					
Having been named as registered agent and to					
lesignated in this application, I hereby accept (further agree to comply with the provisions of (
and I am familiar with and accept the obligation		ete perjormunce of my unites			
		$\overline{}$			
(Registered agen	t'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: Tammy Camp Address: 12157 W. Linebaugh Ave, PMB# 106 Tampa Florida 33626 Vice Chairman: Address: Director: _ Address: __ Director: Address: **B. OFFICERS** President: Address: __ Vice President: Address: _ Address: ___ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14.

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOP LISTINGS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D. 2004.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 3012023

040218952

3731496 8300

DATE: 03-25-04