# F0400003677

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

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ASTES FLORIDA

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### . CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 • (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sphshworks Bath Furnish	28 PH 3:51
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
i	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: 428	UCC 1 or 3 File
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1 Control Date Inne	UCC 11 Retrieval

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FLORIDA DEPARTMENT OF STATE

FLORIDA DE Hood

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FLORIDA DE Hood Secretary of State

June 29, 2004

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: SPLASHWORKS BATH FURNISHINGS, INC.

Ref. Number: W04000024868

We have received your document for SPLASHWORKS BATH FURNISHINGS, 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):

Please note that we have RETAINED your \$78.75 payment.

Please\_Osap:

Is this a Florida corporation? If so, you need to submit ARTICLES OF INCORPORATION. If it is actually a FOREIGN corporation, you need to correct Item 2, and include a CERTIFICATE OF EXITENCE from the home state.

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) 245-6914.

Buck Kohr **Document Specialist** 

Letter Number: 104A00042326

PLEASE OBTAIN THE ORIGINAL

FILE DATE

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

תודים גידותים	CONCO DAMII EUDNIGUIINGO T	MO	TATUTES, THE FOLLOWING IS SUBMITTED TO SUSINESS IN THE STATE OF FLORIDA.
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORA' Corp," "Inc," "Co," or "Corp.")	TED,	" "COMPANY," "CORPORATION,"
(If name unava	ilable in Florida, enter alternate corporate i	name	adopted for the purpose of transacting business in Florida)
<u>.</u> I	DELAWARE	3.	76-0730197 <sup>°</sup>
(State or country	y under the law of which it is incorporated,	)	(FEI number, if applicable)
JUNE 1	0, 2002	5.	PERPETUAL
	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
rerriia	RY 23, 2004		
	acted business in Florida. If corporation he		transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)
. 80 SW	8th STREET SUITE 2809 (Principal offic	e oddi	NAC)
	(Timospar of)	C accus	(536)
MIAMI,	FLORIDA 33130 (Current mailin		
	(Current mailing	g accu	ress)
TO ENGA	GE IN ANY LAWRIT ACT OR A	ייי∩ \	VITY FOR LUICU COPPODATIONS MAY BE ORGANIZED
			VITY FOR WHICH CORPORATIONS MAY BE ORGANIZED
(Purpose	(s) of corporation authorized in home state	or co	
(Purpose	(s) of corporation authorized in home state	or co	untry to be carried out in state of Florida)
(Purpose Name and <u>st</u> Name;	(s) of corporation authorized in home state rect address of Florida registered age	ent:	untry to be carried out in state of Florida)  (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose  Name and st	(s) of corporation authorized in home state rect address of Florida registered age CYNTHIA WISE	ent:	untry to be carried out in state of Florida)  (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose Name and <u>st</u> Name;	(s) of corporation authorized in home state  rect address of Florida registered age  CYNTHIA WISE  80 SW 8th STREET SHITE	ent:	untry to be carried out in state of Florida)  (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose  Name and st  Name;  Office Address:	(s) of corporation authorized in home state  rect address of Florida registered age  CYNTHIA WISE  80 SW 8th STREET SHITE  MIAMI  (City)  agent's acceptance:	2809	(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Purpose Name and st Name; Office Address:  O. Registered : Laving been nailesignated in this	(s) of corporation authorized in home state  rect address of Florida registered age  CYNTHIA WISE  80 SW 8th STREET SHITE  MIAMI  (City)  agent's acceptance:  med as registered agent and to accept is application. I hereby accept the application. I hereby accept the application.	ent: (2809	(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Purpose Name and st Name; Office Address:  O. Registered : Laving been nailesignated in this	(s) of corporation authorized in home state  rect address of Florida registered age  CYNTHIA WISE  80 SW 8th STREET SHITE  MIAMI  (City)  agent's acceptance:  med as registered agent and to accept is application, I hereby accept the application, I hereby accept the application, with the provisions of all states	ent: (2809	(P.O. Box or Mail Drop Box NOT acceptable)

- 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. DIRE	CTORS
Chairman:	CYNTHIA WISE
Address: _	80 SW 8th STREET SUITE 2809
_	MIAMI, FLORIDA 33130
Vice Chair	man;
Audiess	
Disease	
Address: _	
-	
Director: _	
Address: _	
-	
B. OFFI	CERS
President:	
Address: _	
_	
Vice Presid	ient:
_	
Secretary:	
Address: _	
NOTE: I	f 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	CYNTHIA WISE - DIRECTOR

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

# Delaware

PAGE

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPLASHWORKS BATH FURNISHINGS, INC." 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-FOURTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPLASHWORKS BATH FURNISHINGS, INC." WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 3192744

DATE: 06-24-04

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