F0400000 5634

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
. [
789, 2821 671 Office Use Only Office Use Only
Office Use Only
NU4-3420)



500040770825

69/13/04--01034--006 **70.00

OLOCT -L AM 9: 03

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor						
SURJ		CINOSURE,	CORP.				
SUBJECT: (Name of corporation - must include suffix)							
Dear S	ir or Madam:						
"Certif				nct Business in Florida," nced foreign corporation to			
Please	return all corresp	ondence concerning this ma	atter to the following:				
	CHRIS	STOPHER J. C.	NEULI				
	DILETS	(Nam	e of Person)				
		TOPHER J. CA (Nam WALL ART	_				
		(Firm	/Company)				
	17_	S. BOULEVARD	OF PRESIDE	MS PS 0			
		(4	Address)	AF. 00 7			
17 S. BOULEVARD OF PRESIDENTS (Address) SARASOTA FL 34236 (City/State and Zip code)							
		(City/St	ate and Zip code)	SEC			
For further information concerning this matter, please call:							
CH	IPIS CINE	ul at (94	11 993.2127	<u> </u>			
	(Name of Perso	on) (Aı	rea Code & Daytime Teleph				
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					
Enclose	ed is a check for	the following amount:					
/		•					
■ \$70.	00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

·	CINOSURE	Coep.	COMPANY," "CORPORATION	
Enter name of corp Inc.," "Co.," "Corp	oration; must include "IN o," "Inc," "Co," or "Corp."	CORPORATED," "(COMPANY," "CORPORATION	"
f name unavailable	e in Florida, enter alternate	e corporate name adop	oted for the purpose of transacting	business in Florida)
DELAWA	RE	3.	03-0544802	
State or country und	der the law of which it is it	ncorporated)	<u>03 - 0544802</u> (FEI number, if appli	cable)
JUNE 2	2, 2004	5	PERPETUAG	
(Date of	incorporation)	(Di	uration: Year corp. will cease to	exist or "perpetual")
	(Data first toon	N.A.	rida, if prior to registration)	·
			F.S., to determine penalty liability	/)
	175.6	BOULEVARD	OF PRESIDENTS	SARASOTA, FL 34
	(Pri	ncipal office address)		
		SAME		
	(Cu	rrent mailing address)		
_	D- 1			
	RETAIL ART		to be carried out in state of Flor	ida)
	•	`		₹a.
lame and street a	ddress of Florida registe	red agent: (P.O. Bo	ox NOT acceptable)	
Name: _	CHRIS CINELL	4	age of the second of the seco	
ce Address: _	1828 BERGA	mo AVE.		ASSE
	SARASOTA		Florida 34238	TO B IT
_	(City)		, Florida 34238 (Zip code)	G
Registered agen	t's accontance			81, 03
ing been named gnated in this app ter agree to com	as registered agent and plication, I hereby acce ply with the provisions	pt the appointment of all statutes relati	process for the above stated of as registered agent and agree we to the proper and complete	to act in this capacity. I
ı um jamınar wi	th and accept the oblige	uions of my positto	n us registereu agent.	
		. 5	•/	
	1 true	-10M		

- 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. DIRECTO		
	ROBERT PAUL MAKIN	
-Address:	7824 BERGAMO AVE.	
	SARASOTA, FL 34238	
Vice Chairman:	CHRISTOPHER JAMES CINEUL	
Address:	7828 BERGAMO AVE.	
	SARASOTA, FL 34238	
Director:		
B. OFFICER	S	· · · · · · · · · · · · · · · · · · ·
	ROBERT PAUL MAKIN	
	SAME AS ABOVE	75° Q
		2 S T
Vice President:	CHRISTOPHER JAMES CINELLI	A A A A A A A A A A A A A A A A A A A
Address:	CHRISTOPHER JAMES CINELLI SAME AS ABOVE	me R M
		mic up that
Cacratani	DENISE MARIE CINELLI	ORIDA
Address:	7828 BERGAMO AVE. 34238	
Treasurer:	CHRISTOPHER JAME GNELLI	
Address:	SAME	
	essary you may attack an adden up to the application listing additional of	officers and/or directors.
13	(Signature of Director of Officer listed in number 12 of the applic	ation)
14	(Typed or printed name and capacity of person signing applicati	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CINOSURE, CORP." 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2004.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 3359829

DATE: 09-20-04

3819696 8300

040676742