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WOY-32774 J. BRYAN AUG 3 0 2004

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MDB Group,Inc.	
	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to	
transact business in Florida.	Q. B
Please return all correspondence concerning this mat	ter to the following:
Michael D. Black Sr.	<u> </u>
(Name	of Person)
MDB Group, Inc.	
(Firm/C	Company)
9269 July Ln.	100 A
(Ac	ldress)
St. Augustine , FI 32080	
	te and Zip code)
For further information concerning this matter, pleas	e call:
Michael Black at (904) 461 7784
	a Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 30, 2004

MICHAEL D. BLACK, SR. MDB GROUP, INC. 9269 JULY LN. ST. AUGUSTINE, FL 32080

SUBJECT: MDB GROUP, INC. Ref. Number: W04000032774

OMOCK S ON 2:20 ONS

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 004A00052585

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.

(Enter name of co		
· · · · · · · · · · · · · · · · · · ·	rporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")	a de la companya dela companya dela companya dela companya de la c
		1/2 4/00 m
		Strip ()
		<u> </u>
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Ohio		
Ohio	3,	(FEI number, if applicable)
(State or country u	inder the law of which it is incorporated)	(FEI number, if applicable)
hino 23, 1080		nemetral
June 23, 1989	of incorporation) 5.	bal barridi
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
N/A		
	Data first transacted business	n Florida, if prior to registration)
		502, F.S., to determine penalty liability)
	·	numbrine the Managerers in Transcrib engages ()
9269 July Ln., S	St Augustine, FI 32080	
·	(Principal office add	ircss)
	(
9269 July Ln. , S	St Agustine, FI 32080	
	(Current mailing ad-	iress)
Administration of D	Innuary and the A. Printalbroton	
	epresenative / Distributor	
	epresenative / Distributor of corporation authorized in home state or c	ountry to be carried out in state of Florida)
(Purpose(s)	of corporation authorized in home state or c	
(Purpose(s)		
(Purpose(s)	of corporation authorized in home state or c t address of Florida registered agent: (P.	
(Purpose(s)	of corporation authorized in home state or c	
(Purpose(s) Name and stree Name:	of corporation authorized in home state or c t address of Florida registered agent: (P. Michael D. Black Sr.	
(Purpose(s) Name and stree Name:	of corporation authorized in home state or c t address of Florida registered agent: (P.	
(Purpose(s) Name and stree Name:	of corporation authorized in home state or c t address of Florida registered agent: (P.o. Michael D. Black Sr. 9269 July Ln.	O. Box NOT acceptable)
(Purpose(s) Name and stree Name:	of corporation authorized in home state or control taddress of Florida registered agent: (P. Michael D. Black Sr. 9269 July Ln. St. Augustine,	O. Box NOT acceptable) Florida 32080
(Purpose(s) Name and stree Name:	of corporation authorized in home state or c t address of Florida registered agent: (P.o. Michael D. Black Sr. 9269 July Ln.	O. Box NOT acceptable)
(Purpose(s) Name and stree Name:	of corporation authorized in home state or control taddress of Florida registered agent: (P. Michael D. Black Sr. 9269 July Ln. St. Augustine,	O. Box NOT acceptable) Florida 32080
(Purpose(s) Name and stree Name: Office Address:	of corporation authorized in home state or control taddress of Florida registered agent: (P. Michael D. Black Sr. 9269 July Ln. St. Augustine , (City)	O. Box NOT acceptable) , Florida 32080 (Zip code)
(Purpose(s) Name and stree Name: Office Address: O. Registered aguaring been name	of corporation authorized in home state or contract address of Florida registered agent: (P. Michael D. Black Sr. 9269 July Ln. St. Augustine , (City) sent's acceptance: ed as registered agent and to accept served.	O. Box NOT acceptable) , Florida 32080 (Zip code) ice of process for the above stated corporation at the pla
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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: 32080
Address:
/ice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Michael D. Black Sr.
Address: 9269 July Ln., St. Augustine ,FI 32080
Vice President; Beverly A. Black
Address: 9269 July Ln,St. Augustine,Fl 32080
Secretary: Beverly A. Black
Address:
Treasurer: Beverly A. Black
Address: 9269 July Ln.,St. Augustine,FI 32080
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. Michael D. Black Sr. President
(Typed or printed name and capacity of person signing application)

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show MDB GROUP, INC., an Ohio corporation, Charter No. 751871, having its principal location in Milford, County of Clermont, was incorporated on June 23, 1989 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of August, A.D. 2004

Clunett Back

Ohio Secretary of State

Validation Number: V2004235ADD288