

F04000006955

(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:

Name
Availability

Document
Examiner

Updater

Updater
Verifier

Acknowledgement

P. Verifier

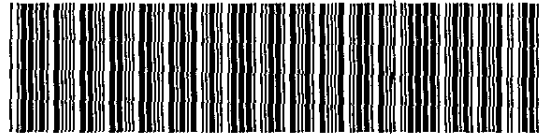
DCC Office Use Only

DCC

DCC

DCC

DCC



500042715525

11/29/04--01056--010 **87.50

RECEIVED
11/29/04

NOV 29 PM 2:26

NOV 29

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O.G.C., 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:

JAMES B. COX

(Name of Person)

O.G.C., INC.

(Firm/Company)

151 MAPLE PARK

(Address)

WINTHROP, AR 71866

(City/State and Zip code)

For further information concerning this matter, please call:

LARRY N. HARVEY, CPA

(Name of Person)

at (501) 623-3121

(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

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. O.G.C., INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

✓ FLORIDA WIRED UP CORP.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ARKANSAS 3. 20-1869748
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-05-2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11-05-2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)


7. 151 MAPLE PARK, WINTHROP, AR 71866
(Principal office address)
151 MAPLE PARK, WINTHROP, AR 71866
(Current mailing address)

8. RETAIL JEWELRY SALES
(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 NOT acceptable)

Name: JAMES B. COX
Office Address: 8001 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, Florida 32809
(City) (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.


(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

Chairman: JAMES B. COX

Address: 151 MAPLE PARK

WINTHROP, AR 71866

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JAMES B. COX

Address: 151 MAPLE PARK

WINTHROP, AR 71866

Vice President: _____

Address: _____

Secretary: JAMES B. COX

Address: 151 MAPLE PARK, WINTHROP, AR 71866

Treasurer: JAMES B. COX

Address: 151 MAPLE PARK, WINTHROP, AR 71866

NOTE: If 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. JAMES B. COX, PRESIDENT

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

RECEIVED
TALLAHASSEE, FLORIDA
JAN 29 P 2:26



**Arkansas Secretary of State
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

O.G.C., INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office November 5, 2004.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 16th day of November 2004.

Charlie Daniels

Charlie Daniels
Secretary of State

Online Certificate Authorization Code: 2201ab9b03f1e60

To verify the Authorization Code, visit www.sosweb.state.ar.us

FILED
NOV 26 2004
TALLAHASSEE, FLORIDA
SECRETARY OF STATE