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

<b>TO:</b> Registration Section Division of Corporations				
SUBJECT: ORGANIC	ANSWERS (Name of corporation -			
	(Name of corporation -	must include suffix)		
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," and che transact business in Florida.				
Please return all correspondence co	oncerning this matter to	he following:		
JASO	N BOYLE			
	Name of Per	son)		
ORGAN	IC ANSWERS	DBA GOLDCO	AST ENTERPRISE	
	(Firm/Compa	iny)	<del></del>	
4235	BEANDON DRI	16		
	(Address	)		
DELRA	/ BGACH , F (City/State and	33445		
	(City/State and	Zip code)		
For further information concerning	this matter, please call:			
MANCY BOYLE (Name of Person)	at (561)	352-1697		
(Name of Person)	(Area Cod	e & Daytime Telephor	ie Number)	
STREET ADDRESS:		MAILING ADI	F-13	
Registration Section		Registration Sec	, · · · · · · · · · ·	
Division of Corporations	Division of Corporations Division of Corporations			
409 E. Gaines St. Tallahassee, FL 32399		P.O. Box 6327 Taliahassee, FL	٠٠٠ س	
Enclosed is a check for the following	ng amount:			
\$70.00 Filing Fee \$78.7. Certi		8.75 Filing Fee & ertified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 9, 2004

JASON BOYLE ORGANIC ANSWERS LTD. 4235 BRANDON DRIVE DELRAY BEACH, FL 33445

SUBJECT: ORGANIC ANSWERS LTD.

Ref. Number: W04000045058

We have received your document for ORGANIC ANSWERS LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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) 245-6913.

Letter Number: 804A00068941

Diane Cushing Document Specialist

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

		OA STATUTES, THE FOLLOWING IS CT BUSINESS IN THE STATE OF FI	
1 000	ANIC ANSWERS	LTD INCORPORATE	$\circ$
(Enter name of cor		TED," "COMPANY," "CORPORATION	
(If name unavailab	le in Florida, enter alternate corporate n	name adopted for the purpose of transacting	g business in Florida)
2. NEW	YORK	2	•
(State or country un	JUK Careful of which it is incorporated)	(FEI number, if app	licable)
		5. STILL OPE.	
(Date o	f incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
6. <u>October</u>	21,2004	· · · · · · · · · · · · · · · · · · ·	
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liabili	ty)
7. 4235	BEANDON DEIVE	DELRAY BEACH	Fl 33445
,	10 de de 11 de 60 de	· · · · · · · · · · · · · · · · · · ·	,
4235	BRANDON DRIVE	DELRAY BEACH 3 address)	f(35975
	(Current mailing	g address)	
8. LAN	DSCAPE DESIGN	PORGANIC CONSULT	ant.
(Purpose(s)	of corporation authorized in home state	or country to be carried out in state of Flo	orida)
9. Name and street	address of Florida registered agent:	(P.O. Box NOT acceptable)	7 5
Name:	JASON BOYCE		
Office Address:	4235 BEAVOON	, DE	
	DELRAY BEACH	, Florida <u>33445</u>	TE T
,	(City)	(Zip code)	
10. Registered age	nt's acceptance:		<b>元</b> 5
Having been named	l as registered agent and to accept s	service of process for the above stated	
		vintment as registered agent and agre tes relative to the proper and complet	
	ith and accept the obligations of m		
	(Registered agent's signat	ture)	<del></del>
11. Attached is a ce	rtificate of existence duly authentica	ated, not more than 90 days prior to de	livery of this application to

- 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: JASON BOYLE	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: JASON BOYLE  Address: 4235 BRANON DRIVE	
DELRAY BEACH FL 33445	
Vice President:	
Address:	
Secretary:	<u> </u>
Address:	
Treasurer:	
	₹ <b>5</b>
Address:	
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 appli	ication)
14. JASON BOYCE	
(Typed or printed name and capacity of person signing applica	ation)

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of ORGANIC ANSWERS LTD. was filed on 09/09/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of November two thousand and four.

Secretary of State

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SECRETARY OF STATE