F05000001890

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
3/24 FPC

Office Use Only



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03/24/05--01021--005 **70.00

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	. 1		
SUBJECT: Stress Re	poration - must include suffix)		
(Name of cor	poration - must include suffix)		
Dear Sir or Madam:			
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to		
Please return all correspondence concerning this	matter to the following:		
O. ha	ame of Person) Some of Person The first Trace Transcompany)		
(Na	ame of Person)		
Stra	es Paliet Tra		
(Fi	rm/Company)		
// 574	(Address) - Ler, FL 33478 (State and Zip code)		
	(Address)		
Jun	for F1. 33478		
(City/	State and Zip code)		
For further information concerning this matter, pl	lease call:		
	. 		
Robert Schindler at (S (Name of Person)	61, 743-4104		
(Name of Person)	Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327			
Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of a	ress Relief, In a proporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
Of name unavails	able in Florida, enter alternate corporate name adopted for the purpose of transacting busine	es in Flo	rida)
_			
(State or country)	Jaware 3. 65-04949/4 (FEI number, if applicable)		
(Blace of country)	macrine law of which it is incorporated) (PEI number, it applies to be		
(Date	of incorporation) 5. per perual (Duration: Year corp. will cease to exist or	"man atri	-122
•		perpete	au)
	(Date first transacted business in Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
25 6	voucland Many Laws DE 19958		
	roystone Monor, Lewes, DE 19958 (Principal office address)		
	157 Pl N. Jupi for FL 33478 (Current mailing address)		
	(Current mailing address)		
	(Contoin mining actions)		
6			
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida)	Ž.	- 05
		Žr	05 NA
Name and stree	of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable)	2.	05 MAR 2
Name and stree	of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schinoller	ž.	05 MAR 24
Name and stree	of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schinoller 11576 157 Pl N		05 HAR 24 PM
Name and stree	of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schinoller 11576 157 Pl N	2 ·	05 HAR 24 PM 1:
Name and stree	of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schinoller		21, P.
Name and <u>stree</u> Name: Tice Address:	Services of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schingelor 1/576 157 Pl N Tup; fer , Florida 33478 (City) (Zip code)		2% P: 1:
Name and stree Name: Fice Address: Registered ag	Services of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schings / Or 1/576 157 Pl N Tup i fer (City), Florida 33478 (City) (Zip code) ent's acceptance: ad as registered agent and to accept service of process for the above stated corporation.	ation at	2\ P\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name and stree Name: Tice Address: Registered ag twing been name signated in this	Services Not corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schinollor 1/576 157 Pl N Tupi ler , Florida 33478 (City) , Florida (Zip code) ent's acceptance: ad as registered agent and to accept service of process for the above stated corporatelyplication, I hereby accept the appointment as registered agent and agree to act	ation at in this c	2: P: 1: 19 the place apacity.
Name and street Name: Tice Address: Registered agaving been names signated in this orther agree to co	Services of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) Robert Schings / Or 1/576 157 Pl N Tup i fer (City), Florida 33478 (City) (Zip code) ent's acceptance: ad as registered agent and to accept service of process for the above stated corporation.	ation at in this c	2: P: 1: 19 the place apacity.
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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: Robert B' Schindler
Address:
Jupiter, FL 33478
Vice Chairman:
Address:
Director:
Address:
- Address:
Director:
Address:
A Notices.
B. OFFICERS President: Robert B Schinoller Address: 11576 157 Pl N Tup: for, Fl 33478
Vice President:
Address:
Secretary:
Address:
Treasurer:
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 application)
14. Robert B Schinoller (Typed or printed name and capacity of person signing application)
(-1) has an hormon seem ashmore) or horson selecting thin printing

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRESS RELIEF, 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 SEVENTEENTH DAY OF MARCH, A.D. 2005.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3752502

DATE: 03-17-05