+05000002614

(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:	1

Office Use Only



900048808049

03/31/05--01019--004 **87.50

2005 MAY -2 PM 1: 27

2005 MAY -2 PM 1: 27

CORPORATIONS

CALLANDA SSEE, FLORIDA

W05-16680 3. BRYWN APR -1 2005

J. BRYWAN -MAY - 2 2005

LAW OFFICES

FEILER, LEACH & MCCARRON, P.L.

901 PONCE DE LEON BLVD. • PENTHOUSE SUITE • CORAL GABLES, FL 33134-3009

MICHAEL B. FEILER, P.A. MARTIN E. LEACH, P.A. DOUGLAS J. MCCARRON, P.A.

TEL. (305) 441-8818 FAX (305) 441-8081 FEILERLEACHPL@AOL.COM

TRIAL PRACTICE • CIVIL AND CRIMINAL • STATE AND FEDERAL COURTS

March 28, 2005

Department of State Divisions of Corporations Corporate filings P.O. Bex 6327 Tallahassee, FL 32314

RE: Application

Dear Sir/Madam:

Enclosed please find Sock Puppet Studio, Inc's Application by Foreign Corporation for Authorization to Transact Business in Florida and the Articles of Incorporation. Also, enclosed please our firm's check in the total amount of \$87.50 representing your service fee.

Should you have any questions or concerns, please do not hesitate to contact me.

Very Wily yours.

Michael B. Feiler

MBF/acv



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2005

MICHAEL B. FEILER FEILER, LEACH & MCCARRON, P.L. 901 PONCE DE LEON BLVD., PH SUITE CORAL GABLES, FL 33134-3009

SUBJECT: SOCK PUPPET STUDIO, INC.

Ref. Number: W05000016680

We have received your document for SOCK PUPPET STUDIO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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.

FILED 1.27
PM 1.27
PM

Joey Bryan Document Specialist

Letter Number: 505A00022388

PILEU
2005 HAY -2 PH 1: 28
2005 HAY -2 PH 1: 28
2005 HAY -2 PH 1: 28

LAW OFFICES

FEILER, LEACH & MCCARRON, P.L.

901 PONCE DE LEON BLVD. • PENTHOUSE SUITE • CORAL GABLES, FL 33134-3009

MICHAEL B. FEILER, P.A. MARTIN E. LEACH, P.A. DOUGLAS J. MCCARRON, P.A. TEL. (305) 441-8818 FAX (305) 441-8081 FEILERLEACHPL@AOL.COM

TRIAL PRACTICE • CIVIL AND CRIMINAL • STATE AND FEDERAL COURTS

April 29, 2005

Division of Corporations ATTN: Joey Bryan, Document Specialist P.O. Box 6327 Tallahassee, FL 32314

> RE: Sock Puppet Studio, Inc. Ref. No.: W05000016680

Dear Mr. Bryan:

Per your request, enclosed please find a certificate of good standing from the State of Illinois for the above mentioned corporation.

Should you require additional information, please do not hesitate to contact me.

Very truly yours,

Michael B. Feiler

MBF/acv Enclosure

2005 MAY -2 PH 1: 28

DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

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

	tock P	uppet	Stu	\$10.	1100	0	A 18	· /
(Enter name of countries," "Co.," "Co.," "Co.,"	orporation; must inc orp," "Inc," "Co," or	lude "INCORPOR "Corp.")	ATED," "C	OMPANY,"	"CORPORA	ATION,"	ALL MANSSE	2 2 PS
(If name unavaila	ible in Florida, enter	alternate corporate	-	=	-	-	ess in Florid	2000 PO
1LL	NO15		3		31-061	9908	CEID	36
State or country	under the law of whi	ich it is incorporate	ed)	(F)	EI number,	if applicable)		79 (
20	03			Perp		<u> </u>		_ -
,	of incorporation)		(Du	ration: Year	corp. will ce	ease to exist of	r "perpetual"	')
1-1-	05							
	•	first transacted bus TIONS 607.1501 &		· •	_	,		
	(32= 3 3 .		, , , , , , , , , , , , , , , , , , , ,		P	, /		
	- 	(Principal off	ice address)	<u>. </u>		<u> </u>		
2215	PemB	`, `	Nas	Mach	n an	ESTATAS	12-1	119
9137 3	Temo	(Current mail)	ing address)	Mueri	TIPIO		, , ,	<u>.</u>
_		•						,
Softw	are develope	ı						
(Purpose(s	or develope) of corporation authorized	orized in home sta	te or country	to be carried	out in state	of Florida)		_
Name and stree	t address of Florid	a registered agen	t: (P.O. Bo	x <u>NOT</u> acce	ptable)	<u>.</u> .		
Name:	Michael B.	Fēiler, Esq.						
Natile.	HICHOX D.	102101, 304.		•		•		•
fice Address:	901 Ponce d	e Leon Blyd.	Pentho	use Suite	e			
	Coral Gable	s		, Florida(33134			
		(City)	,,,	(Zip code)		•	
wing been nam signated in this rther agree to co	ent's acceptance: ed as registered ag application, I her omply with the pro with and accept th	gent and to accept els, accept the approvisions of all sta	pointment tutes relati	as registered we to the proj	l agent and per and co	l agree to ac	t in this cap	pacity.

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: _______ Address: __ Vice Chairman: Address: Director: Address: _ Stonington B. OFFICERS President: Kerry Stoninaton. Vice President: Address: OLD (Same to ABOVE) CHINEIT Treasurer:

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. John Kapecky - Secretary

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

Address: _

File Number

6300-791-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

APRIL

A.D.

2005

Desse White