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5p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inflatables R Us, 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:

| | |
|-----------------------------------|---------------------------|
| <u>Matthew Orr</u> | (Name of Person) |
| <u>Inflatables R Us, Inc.</u> | (Firm/Company) |
| <u>7065 S.W. 19th Avenue Road</u> | (Address) |
| <u>Ocala, Florida 34476</u> | (City/State and Zip code) |

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For further information concerning this matter, please call:

Matthew Orr at (606) 682-1384
(Name of Person) (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. Inflatables R Us, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Inflatables B Us, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Kentucky 3. 61-1424568
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 9, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7065 S.W. 19th Avenue Road, Ocala, FL 34476
(Principal office address)
7065 S.W. 19th Avenue Road, Ocala, FL 34476
(Current mailing address)
8. Transaction of any and all business for which corporations may be incorporated
(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: Matthew Orr
- Office Address: 7065 S.W. 19th Avenue Road
Ocala, Florida 34476
(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:

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FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mark Bickish

Address: 283 Miller Road

London, KY 40744

Director: Matthew Orr

Address: 7065 S.W. 19th Avenue Road

Ocala, FL 34476

B. OFFICERS

President: Mark Bickish

Address: 283 Miller Road

London, KY 40744

Vice President: _____

Address: _____

Secretary: Matthew Orr

Address: 7065 S.W. 19th Avenue Road, Ocala, FL 34476

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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. Matthew Orr

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



Trey Grayson
Secretary of State

Certificate of Existence

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I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, hereby certify that according to the records in the Office of the Secretary of State,

INFLATABLES R US, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is January 9, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of April, 2005.



Tm62
Trey Grayson
Secretary of State
Commonwealth of Kentucky
Tmorgan/0551743 - Certificate ID: 12986