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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DESIGN DRIVE, INC
SUBJECT: DESIGN DRIVE, 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:
BEN GIOVANELLI, CPA
BEN GIOVANELLI , CPA (Name of Person)
DESIGN DRIVE, INC. (Firm/Company)
(Firm/Company) 第章 是
2044 AUSTIN (Address)
(Address)
Coutest Be HILLS 9 M1 48309 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
PEN GLOVANTILI (CPA at (248) 233-8006 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 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 & ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EIGN CORPORATION TO TRANSACT BU	SINESS IN TH	E STATE OF FLORIDA. 🤌 🥫	
1. DESIG	ON DRIVE, INC		P. E	3 7
(Enter name of cor	poration; must include "INCORPORATED," "p," "Inc," "Co," or "Corp.")	COMPANY,"'	'CORPORATION,"	FILE BALL
(If name unavailab	le in Florida, enter alternate corporate name add	pted for the pur	pose of transacting business in Florida	
	• • •	•		- -
, 1				
4. 1/23/	2002 5	P	COPPETUAL COOP. will cease to exist or "perpetual")	
(Date o	f incorporation) (I	Ouration: Year	corp. will cease to exist or "perpetual"))
6				_
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	•	- •	
7. 2044	(SEE SECTIONS 607.1501 & 607.1502 Austin Pockaskr Hills (Principal office address	MI.	48109	
((Principal office address	:)		_
S	ine			
	(Current mailing address	i)		
·	notice Markety			<u> </u>
(Purpose(s)	of corporation authorized in home state or count	ry to be carried	out in state of Florida)	
9. Name and street:	address of Florida registered agent: (P.O. E		ptable)	
Name:	Ben Grownelli do 4508 plymosth Sorrenta Ro	_		
Office Address:	4508 plymosth Sorrent Rd)		
			2071)	
	Apopta (City)	_ , Florida	が、 and a)	
-	(City)	(4	zip code)	
	. •	•		
Having been named designated in this ap further agree to con		of process for it as registered tive to the pro	the above stated corporation at the lagent and agree to act in this cap per and complete performance of	acity.
designated in this ap further agree to con	nt's acceptance: I as registered agent and to accept service oplication, I hereby accept the appointmentally with the provisions of all statutes relations with and accept the obligations of my	of process for it as registered tive to the pro y position as r	the above stated corporation at the lagent and agree to act in this cap per and complete performance of	acity.
Having been named designated in this ap further agree to con	nt's acceptance: as registered agent and to accept service opplication, I hereby accept the appointment oply with the provisions of all statutes rela	of process for it as registered tive to the pro y position as r	the above stated corporation at the lagent and agree to act in this cap per and complete performance of	acity.

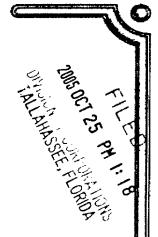
under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: ELMOTT BROIDY	· · · · · · · · · · · · · · · · · · ·
Address:	
ROCHES FER HLLS, MI 48309	2 2
Vice Chairman: THOMAS MCALEAR	ASSA P
Address:	
Address.	Part 1
Director: KEVIN OTIS	77
Address:	
Address:	
Director:	
Address:	_
B. OFFICERS	
President: KENN OTIS	<u> </u>
Address:	
Vice President: GERALD WOLCK	
Address: 0	
tudiciss.	
BEN GLOVANEU	
ecretary:	
Address: (1)	
reasurer: EMO / SEDITY	
Address: (b)	
NOTE: If necessary, you may attach an addendum to the application listing additional o	officers and/or directors
01-10 01-	Thous and of directors.
3. (Signature of Director or Officer listed in number 12 of the application)	ation)
4	

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

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DESIGNDRIVE**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 23, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 10, 2005.

DEAN HELLER Secretary of State

Ву

Certification Clerk