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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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SCORETARY OF STATE TALLAHASSEE, FLORIDA

No Ch



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2005

MICHAEL AUCHAMPAN 30750 US 19 N PALM HARBOR, FL 34684

SUBJECT: MR. EXCITEMENT, INC. Ref. Number: W05000054846

We have received your document for MR. EXCITEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 405A00071715

### **COVER LETTER**

TO: Registration Section Division of Corporations						
	atement Inc.					
SUBJECT: MR. Excitement, Inc.  (Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted transact business in Florida.		to				
Please return all correspondence concerning this mat	ter to the following:					
Michael	Auch an pan					
(Name	of Person)					
Lamont & L	tuchampan, P.A.					
Michael Auchampan  (Name of Person)  Lamont & Auchampan, P.A.  (Firm/Company)  30750 US 19 N  (Address)  Palm Harbor Fr 34684  (City/State and Zip code)						
30750 US 1	9 N					
O. 1 11 (Ac	ddress)					
MAIM Harbo	Y FL 34684					
(City/Stat	te and Zip code)					
	TAL	2 23				
For further information concerning this matter, please	e call:	66 J				
Michael Auchann at (727) 772.7344  (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephone Number)						
		DOB JAN 12 PM 12:				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ù <b>17</b>				
Enclosed is a check for the following amount:						
☐ \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of State Certified Copy	ıs &				

#### 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.

(Enter name of c	Excitement corporation; must include "INCO corp," "Inc," "Co," or "Corp.")		"COMPANY," "CO	DRPORATION,"		-	
(If name unavail	able in Florida, enter alternate c	orporate name a	dopted for the purpos	e of transacting bu	siness in Florida)	-	
2. Delan	jace	3.					
(State or country	under the law of which it is inc	orporated)	(FEI r	umber, if applicab	le)	•	
4. July	3, 2003 of incorporation)	5.	Perpen	ral			
(bate	of incorporation)		(Duration: Year cor	. will cease to exis	t or "perpetual")	•	
6.							
	(Date first transa	cted business in	Florida, if prior to reg	gistration)		•	
	(SEE SECTIONS 607.	1501 & 607.150	2, F.S., to determine	penalty liability)	ha Fi		
7	30 1 3	inel effect edder	1970)	TAUT FILL	7,507,7		
	$P.\delta.$	Bok 46	19 N, 55) 99 Clear 55)	water ;	元 3375	8	
	(Curre	nt mailing addre	ss)			•	
8. Ce	neral Bus	iness			TAL	200	
(Purpose(s	of corporation authorized in he	ome state or cou	ntry to be carried out	in state of Florida)	CR A	<u> </u>	
9. Name and stree	t address of Florida registere	d agent: (P.O.	Box <u>NOT</u> acceptat	ole)	SECRETARY ALLAHASSEE	2006 JAN 12	77
Name:	David 1 Lam 30750 45 19	ont, Esqu	urc		RY O		FILED
Office Address:	30750 45 19	North	<u>.                                    </u>		E, FLORID,	PM 12:	<u> </u>
	Palm Hay bor		, Florida <u>344</u>	084	RIDA	=	
	(City)		(Zip	code)			
10. Registered ag	eut's acceptance: ed as registered agent and to	accept service	of pracess for the	above stated corn	ooration at the p	lace	

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 pravisions 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:

# A. DIRECTORS Chairman: \_\_\_\_ Address: Vice Chairman: Address: \_\_\_ Director: \_\_\_ Address: \_\_\_ Director: Address: \_\_\_\_\_ B. OFFICERS President: \_\_\_ Address: \_\_\_ Vice President: Address: Secretary: Address: \_\_\_ Treasurer: \_ Address: \_\_\_ you may attack an addendum to the application listing additional officers and/or directors. NOTE: If necessary 13. \_

gapture of Director or Officer listed in number 12 of the application)

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

14. \_



PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MR. EXCITEMENT, 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 THIRD DAY OF NOVEMBER, A.D. 2005.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4273259

DATE: 11-03-05

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