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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: END MANAGEMENT, 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:

DAVID N. HEALD
(Name of Person)
END MANAGEMENT, INC.
(Firm/Company)
728 RIVERSIDE DRIVE
(Address)
HOLLY HILL, FL 32117
(City/State and Zip code)

For further information concerning this matter, please call:

DAVID HEALD at (386) 252-8854
(Name of Person) (Area Code & Daytime Telephone Number)

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SECTION 1

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. END MANAGEMENT Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MAINE 3. 65-1191722
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/30/03 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. 728 RIVERSIDE DRIVE / HOWY HILL, FL 32117
(Principal office address)

728 RIVERSIDE DRIVE / HOWY HILL, FL 32117
(Current mailing address)

8. SIGN MAKING AND CRAFTS
(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: DAVID N. HEALD

Office Address: 728 RIVERSIDE DRIVE

HOWY HILL, Florida 32117
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:

~~DAVID N. HEALD~~

Address:

~~728 RIVERSIDE DRIVE~~

~~Howe Hill, FL 32117~~

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

DAVID N. HEALD

Address:

728 RIVERSIDE DRIVE

Howe Hill, FL 32117

Vice President:

EILEEN S. HEALD

Address:

728 RIVERSIDE DRIVE

Howe Hill, FL 32117

Secretary:

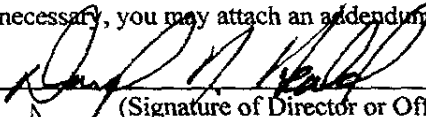
Address:

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.

DAVID N. HEALD, President

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

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State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

I further certify that END MANAGEMENT, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is April 30, 2003.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this twenty-third day of February 2006.

A handwritten signature in black ink, appearing to read "Matthew Dunlap", written over a horizontal dashed line.

MATTHEW DUNLAP

Secretary of State