

## Florida Department of State

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## FOREIGN PROFIT/NONPROFIT CORPORATION

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03 5-17-06

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

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ŧ.	IDEAL IM	AGE DEVELOPMENT, INC.		
•	(Enter name of c	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," corp," "Inc," "Co," or "Corp.")	=======================================	06
	DEAL MAG	E DEVELOPMENT (DELAWARE), INC.	5	05 MAY
	(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting b	usincus in Florida)	16
2	DELAWA	RE 3 20-4852227		
٦.	(State or country	under the law of which it is incorporated) (FEI number, if applica	ble)	
4.	MAY 8, 20	006 s. Perpetual	<u> </u>	PH 1: 33
	(Date	of incorporation) (Duration: Year corp. will cease to ex-	ist or "perpetual")	. ယ က ယ
6.	Upon filing	g of this Application with the Florida Secretary of State	<b>3</b>	
		(Date first transacted business in Florids, if prior to registration) (SEE SECTIONS 607.150) & 607.1502, F.S., to determine panalty liability)		
7_ '	4830 West	t Kennedy Blvd., Suite 440, Tampa, FL 33609		
•		(Principal office address)	,	
	4830 West	t Kennedy Blvd., Suite 440, Tampa, FL 33609		
·		(Current mailing address)	<del></del>	
	All business	no purpopos namillad ta ba undadukov bu samantia	i- Clasida	
3.		ss purposes permitted to be undertaken by corporation of corporation authorized in home state or country to be carried out in scate of Floridation.		
<b>3</b> .	Name and street	t address of Florida registered agent: (P.O. Box NOT acceptable)		
•	Name:	F&L Corp.		
)fi	fice Address:	One Independent Drive, Suite 1300		
		Jacksonville , Florida 32202		
		(City) (Zip code)		
la les	ving been name ignated in this : that agree to co i I are famillar	ent's acceptance: ed as registered agent and to accept service of process for the above stated cos application, I hereby accept the appointment as registered agent and agree to imply with the provisions of all statutes relative to the proper and complete pe with and accept the obligations of my position as registered agent. I. CCRP.	act in this capacity. I	
	By	- C - M		ļ
		(Registered agent's signature) Vice President		į.

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.

A. DIRECTORS

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

f	······································
airman:	
:	<u>, , , , , , , , , , , , , , , , , , , </u>
Joseph Acebel	
4830 West Kennedy Blvd., Suite 440, Tampa, FL 33609	
Richard D. Mikles	
4830 West Kennedy Blvd., Suite 440; Tampa, FL 33609	
nident: Richard D. Mikles	
4830 West Kennedy Blvd., Suite 440, Tampa, FL 33609	
Richard D, Mikles	
4830 West Kennedy Blvd., Suite 440, Tampa, FL 33609	
r:	
If necessary, you may attack an addendum to the application listing additional officers	and/or directors.

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

A.D. 2006.



I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDEAL IMAGE DEVELOPMENT, INC." IS DULY INCORPORATED UNDER THE LAMS 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 SIXTHENTH DAY OF MAY,

AND I DO HERESY FURTHER CERTIFY THAT THE PRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4748259

DATE: 05-16-06

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