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☐ PICK-UP    ☐ WAIT    ☐ MAIL

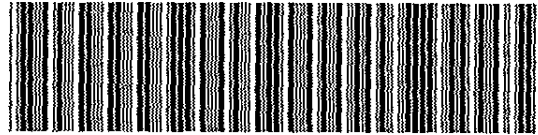
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE JUL 21 2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CRAFTSMAN CONNECT 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:

JOSEPH SHANKWITZ  
(Name of Person)

CRAFTSMAN CONNECT INC.  
(Firm/Company)

3017 NAUGHTON WAY  
(Address)

TARPON SPRINGS, FL 34688  
(City/State and Zip code)

For further information concerning this matter, please call:

DAVID GESUALDO at (727) 947-4027  
(Name of Person) (Area Code & Daytime Telephone Number)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2006

JOSEPH SHANKWITZ  
CRAFTSMAN CONNECT INC.  
3017 NAUGHTON WAY  
TARPON SPRINGS, FL 34688

SUBJECT: CRAFTSMAN CONNECT INC.  
Ref. Number: W06000026546

We have received your document for CRAFTSMAN CONNECT 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 certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6933.

Dale White  
Document Specialist

Letter Number: 706A00039789

**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. CRAFTSMAN CONNECT INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. CALIFORNIA 3. 20-4291891  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JAN 23, 2006 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. 3017 NAUGHTON WAY, TARPON SPRINGS, FL, 34688  
(Principal office address)

3017 NAUGHTON WAY, TARPON SPRINGS, FL, 34688  
(Current mailing address)

8. CONSULTING AND PROJECT MANAGEMENT  
(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 GEGUALDO

Office Address: 3017 NAUGHTON WAY

TARPON SPRINGS, Florida 34688  
(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.*

D. Gegualdo  
(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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06 JUL 21 PM 1:32  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: JOSEPH SHANKWITZ

Address: 3017 NAUGHTON WAY  
TARPON SPRINGS FL, 34688

Vice Chairman: DAVID GESUALDO

Address: 3017 NAUGHTON WAY  
TARPON SPRINGS FL, 34688

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: JOSEPH SHANKWITZ

Address: 3017 NAUGHTON WAY  
TARPON SPRINGS, FL 34688

Vice President: DAVID GESUALDO

Address: 3017 NAUGHTON WAY  
TARPON SPRINGS, FL 34688

Secretary: JOSEPH SHANKWITZ

Address: SAME AS ABOVE

Treasurer: JOSEPH SHANKWITZ

Address: SAME AS ABOVE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joseph Shankwitz  
(Signature of Director or Officer listed in number 12 of the application)

14. JOSEPH SHANKWITZ, PRESIDENT/CEO  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

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06 JUL 21 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF STATUS**  
**DOMESTIC CORPORATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **23rd day of January, 2006**, **CRAFTSMAN CONNECT INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of July 13, 2006.



**BRUCE McPHERSON**  
Secretary of State