FOLOWOG5130

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Busi	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
ŕ				
	,			

Office Use Only



100077584501

08/01/06--01045--005 **87.50

O6 AUG-1 PM 4: 4

8/4

COVER LETTER

TO: New Filing Section Division of Corporations	16	. A 1: 1	. 1	
SUBJECT:	Visu	IA) HPDICATI	ONS, UNC.	
SUBJECT: Visual Applications, ONC. (Name of corporation - must include suffix)				
Dear Sir or Madam:			6 E T	
The enclosed "Application by Fore "Certificate of Existence," and chec transact business in Florida.	gn Corporation f k are submitted t	or Authorization to Trans o register the above refer	sact Business in Florida.	
Please return all correspondence co	ncerning this mat	ter to the following:	Post F	
Roberta DREIS-AVERS				
Roberta DREIS-AVERS (Name of Person) Visual Addications Duc. (Firm/Company) 2100 Constitution BLUD, Suite 164 (Address) SARASOTA, FL 34231 (City/State and Zip code)				
(Firm/Company)				
2100 Constitution BLUD, Suite 164				
(Address)				
DARASOTA, FL 34231				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Bobbie Ayers at (816) 550-5754 (Name of Person) (Area Code & Daytime Telephone Number)				
(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		New Filing Division of P.O. Box 63	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following	g amount:			
	Filing Fee & icate 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. USUAL Applications, Juc or porated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Chic Paper Dolls

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 2100 Constitution BLUD Suite 164

DEASOTA, Florida 34231

(City) (Zip code) Office Address: 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.

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 Chairman: Vice Chairman: _____ Address: Director: Address: Director: Address: B. OFFICERS Kuberfa Deeis-HyERS President: _____ Vice President; Address: Address: 1105 300 ST EAST PAlmetto, FL 34221 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Hoberta DREIS-AVERS (Typed or printed name and capacity of person signing application)

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

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

VISUAL APPLICATIONS, INC. 00341675

was created under the laws of this State on the 12th day of June, 1990, and is in good standing, having fully complied with all requirements of this office.

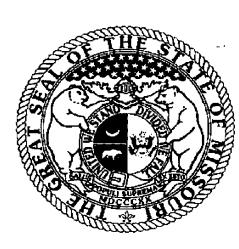
IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 25th day of July, 2006

n Amakan

Secretary of State

Certification Number: 8909513-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification







00341675

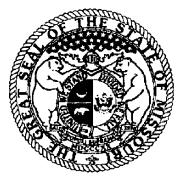
CERTIFICATE OF CORPORATE RECORDS

VISUAL APPLICATIONS, INC.

I, ROBIN CARNAHAN, Secretary of the State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 26th day of July, 2006

Secretary of State



Certification Number: 8909514-1 Reference: Verify this certificate online at http://www.sos.mo.gov/businessentity/verification