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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 OCT 30 AM 11:09
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2006 OCT 30 PM 12:16

T. Hampton OCT 31 2006

SPIEGEL & Utrera, P.A. <small>(Requestor's Name)</small>	
1840 SOUTHWEST 22ND STREET, 4TH FLOOR	
MIAMI, FL 33145 - (305) 854-6000	
OFFICE USE ONLY	

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CIRCULATION SPECIALISTS, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk-In
 ☐ Pick up time _____
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NEW FILINGS	
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	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	<input checked="" type="checkbox"/> Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	
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**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. CIRCULATION SPECIALISTS, 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. ILLINOIS 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/28/1985 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14106 Chicora Crossing Boulevard, Orlando, Florida 32838
(Principal office address)
14106 Chicora Crossing Boulevard, Orlando, Florida 32838
(Current mailing address)

8. any lawful business or activity permitted under the laws of the United States and the State of Florida
(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: SPIEGEL & UTRERA, P.A.

Office Address: 1840 SW 22nd Street, 4th Floor

Miami, Florida 33145
(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.

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

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A. DIRECTORS

Chairman: Frank Boynton

Address: 14106 Chicora Crossing Boulevard

Orlando, Florida 32828

Vice Chairman: Sara Boynton

Address: 14106 Chicora Crossing Boulevard

Orlando, Florida 32828

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Frank Boynton

Address: 14106 Chicora Crossing Boulevard

Orlando, Florida 32828

Vice President: _____

Address: _____

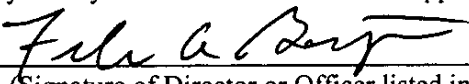
Secretary: Sara Boynton

Address: 14106 Chicora Crossing Boulevard, Orlando, Florida 32828

Treasurer: _____

Address: _____

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

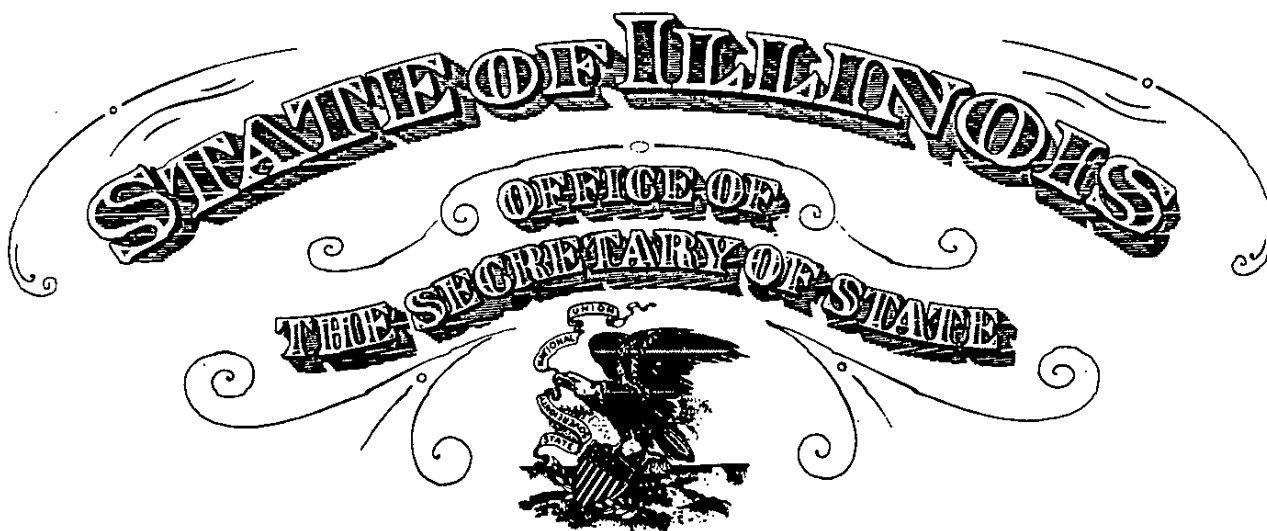
13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Frank Boynton, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

File Number

5386-558-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CIRCULATION SPECIALISTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of OCTOBER A.D. 2006 .

Jesse White

Authentication #: 629800640

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE