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FOREIGN PROFIT/NONPROFIT CORPORATION

Wrap Care Corporation

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DLA Piper US LLP
101 East Kennedy Boulevard, Suite 2000
Tampa, Florida 33602-5149
www.dlapiper.com

Michelle Johnson
michelle.johnson@dlapiper.com
T 813.222.5973
F 813.229.1447

Fax Transmission Cover Sheet

March 27, 2007

To	Telephone	Fax Number
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From:	Michelle Johnson 813.222.5973	Client-Matter Number:	Firm
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Re: Wrap Care Corporation; Ref #W07000014960

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If there is a problem with this transmission, please call Michelle Johnson at 813-222-5973

Fax Operator/Ext.

Message:

Pursuant to our telephone conversation, attached is the filing for Wrap Care Corporation. Thank you for your assistance in this regard. I can be reached at 813-222-5973 if you have any questions or require anything further.

CONFIDENTIALITY NOTICE

This communication is ONLY for the person named above. Unless otherwise indicated, it contains information that is confidential, privileged or exempt from disclosure under applicable law. If you are not the person named above, or responsible for delivering it to that person, be aware that disclosure, copying, distribution or use of this communication is strictly PROHIBITED. If you have received it in error, or are uncertain as to its proper handling, please immediately notify us by collect telephone and mail the original to us at the above address. Thank you.

**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. **Wrap Care Corporation**

(Name of corporation: the word "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," or "Corp.")

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

2. **Delaware**

(State or country under the law of which it is incorporated)

3. **20-8694502**

(FEI number, if applicable)

4. **March 13, 2007**

(Date of Incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon filing**

(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
(SEE SECTIONS 607.1501 & 607.1502 F.S., to determine penalty liability)

7. **7623 West Main Street, Suite 110, Belleville, Illinois 62223**

(Principal office address)

14413 N. Nebraska Avenue, Tampa, Florida 33613

(Current mailing address)

8. **Any and all lawful business**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

2. **Name and street address of Florida registered agent: (P.O. Box or Mail drop Box NOT acceptable)**

Name: **Andrew L. McIntosh**

Office Address: **c/o DLA Piper US LLP
101 East Kennedy boulevard, Suite 2000**

Tampa, Florida **33602**
(Zip Code)

3. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above state 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.

Andrew L. McIntosh
(Registered agent's signature) - Andrew L. McIntosh

11. **Attached is a certificate of existence duly authenticated, not more than 90 days prior to deliver 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 addresses of officers and/or directors:

A. Directors: (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: Suzanne S. GayleAddress: 19709 Prince Benjamin Drive
Lutz, Florida 33549Director: Debra J. GayleAddress: 19709 Prince Benjamin Drive
Lutz, Florida 33549B. Officers:President: Suzanne S. GayleAddress: 19709 Prince Benjamin Drive
Lutz, Florida 33549Vice President, Secretary & Treasurer Debra J. GayleAddress: 19709 Prince Benjamin Drive
Lutz, Florida 33549

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of this application)

14. Suzanne S. Gayle, President

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

FILED
MAR 26 P 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WRAP CARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS 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 TWENTY-THIRD DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
2007 MAR 26 P 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5533012

DATE: 03-23-07

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TOTAL P.04