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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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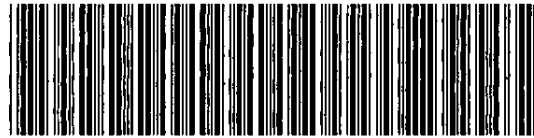
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 19 2007

4/16/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SCHELLENGER, 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:

Herman C. Daniel, III

(Name of Person)

Herman C. (Dan) Daniel, III, P.C.

(Firm/Company)

8041 Forest Hill Avenue

(Address)

Richmond, VA 23225

(City/State and Zip code)

For further information concerning this matter, please call:

Herman C. Daniel, III at (804) 272-2203
(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

**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. Schellenger, 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. Commonwealth of Virginia 3. FEDERAL ID# 54-1843202
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 25, 1997 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. 385 NW Sheffield Circle, Port St. Lucie, FL 34983
(Principal office address)

385 NW Sheffield Circle, Port St. Lucie, FL 34983
(Current mailing address)

8. Giving advice as to marketing of goods.
(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)

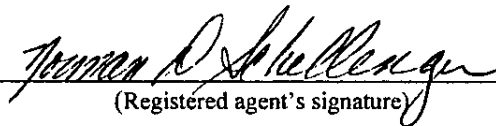
Name: Norman D. Schellenger

Office Address: 385 NW Sheffield Circle

Port St. Lucie, Florida 34983
(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.

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

A. DIRECTORS

Chairman: Norman D. Schellenger, President

Address: 385 NW Sheffield Circle

Port St. Lucie, FL 34983

Vice Chairman: Patricia A. Schellenger, Secretary and Treasurer

Address: 385 NW Sheffield Circle

Port St. Lucie, FL 34983

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Norman D. Schellenger

Address: 385 NW Sheffield Circle

Port St. Lucie, FL 34983

Vice President: _____

Address: _____

Secretary: Patricia A. Schellenger

Address: 385 NW Sheffield Circle

Treasurer: Port St. Lucie, FL 34983

Address: _____

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

13. *Norman D. Schellenger* (President - Director)
(Signature of Director or Officer listed in number 12 of the application)

14. Norman D. Schellenger, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

SCHELLENGER, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is March 25, 1997.

Nothing more is hereby certified.

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TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
March 29, 2007*



Joel H. Peck

Joel H. Peck, Clerk of the Commission