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(Requestor's Name) (Address) (Address)	600110200416	
(City/State/Zip/Phone #)	10/03/0701033006 **87.50	
Certified Copies Certificates of Status Special Instructions to Filing Officer: Som as TOT - 798	2001 OCT -3 P 1: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Office Use Only	JA A	

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COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: (Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

60 (Address) (City/State and Zip) Code U ••• For further information concerning this matter, please call: erson MAILING ADDRESS: STREET/COURIER ADDRESS: New Filing Section New Filing Section **Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle

Tallahassee, FL 32314

\$70.00 Filing Fee

Enclosed is a check for the following amount:

\$78.75 Filing Fee &

Certificate of Status

\$87.50 Filing Fee, Certificate of Status & Certified Copy

Tallahassee, FL 32301

]\$78.75 Filing Fee &

Certified Copy

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an out of this world place for kids

TO Diane Cushing RE Document # WC

We (Annie Magan) of K Hold Ne Hademark KIds Q

 \bigcirc Please HONE: 118 /l

(352) 629-KIDS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2007

ANNIE MORGAN 3101 SW 34TH AVE., #905, UNIT 273 OCALA, FL 34474

SUBJECT: KIDSZONE USA INC Ref. Number: W07000049238

We have received your document for KIDSZONE USA INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 507A00058128

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA<u>.</u>

1 (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name al present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) 3 2. (State or country under the law of which it is incorporated) กนกว (cable) (Durz to exist or "perpetual") Date of Incomporation) 6 (Date first conducted affair ons 617.1501 & 617.1502. F.S. to determine penalty liability.) 7 (Princinal office address Curren 8 corno ation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address 4 1 Flor

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 addresses of officers and/or directors:

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A. DIRECTORS	
Chairman: AMR MOXCIAN	
Address: 226950100000000000000000000000000000000000	
FtaudiFlauda 32670	
Vice Chairman: (AKIKA/12011/195	
Address: 116 heresig cit	
Parehogye, NU-11772	
Director: CVAMO MOOR	
Address: J974 Orchard St	
BAUSHOR NJ 17783	
Director:	
Address:	
B. OFFICEBS	700
President: ANAP MORGAN CEL	3 7
Address: 2269 S- UNHOALPT 36	t <u>i</u>
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
Λ	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	
rectainly, you may are created in to the approation fisting additional others and/or direct	tors.
12 Anna Angenan	tors.
	tors.

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIDS ZONE, U.S.A. INC." 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 FIRST DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIDS ZONE, U.S.A. INC." WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

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Warnet Smith Mindson

AUTHENTIC ATT ON Store Sogratery & State

DATE: 10-01-07