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Certified Copies	Certificates	of Status
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October 1, 2007

SANDRA HARRISON ARDNAS' D INC. PO BOX 593136 ORLANDO, FL 32859

SUBJECT: ARDNAS' D INC. Ref. Number: W07000048463

We have received your document for ARDNAS' D 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):

A brief description of the entity's nature of business must be included in the document.

Please return 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) 245-6933.

Letter Number: 107A00057265

Dale White Document Specialist

Division of Comparations RO ROV 6207 Well-house Florida 20014

### **COVER LETTER**

FO: New Filing Section Division of Corporations				
SUBJECT: Ardnas D Im.				
(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 ransact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Sondra Harrison				
Sondra Harison (Name of Person)				
Ardnas D. Inc. (Firm/Company)				
(Firm/Company)	_			
P. O. BOX 593136  (Address)				
(Address)				
O\0\0 7C 328:59 (City/State and Zip code)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Sordra Harrison at (321) 228 6250  (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  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 Certified Copy \$87.50 Filing Fee \$ Certificate of Status Certified Copy	, atus &			

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FILED

(Enter name of comporation; must include "INCORPORATED," "COMPANY," "CORPORATION," I AHASSEE, FLORIDA.  "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)  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Current mailing address)  (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable)  Name: Sonda Yamiam  (City)  (Composition as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agent and agree to act in this capacity. I unther 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 abligations of my position as registered agent.	l.	Ardras' D Im.	OF STATE
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address)  (Current mailing address)  (City)	(Enter name of cor	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," AHASSEE	FLORIDA.
(State or country under the law of which it is incorporated)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent.  (I am familiar with and accept the obligations of my position as registered agent.	"Inc.," "Co.," "Coŋ	p," "Inc," "Co," or "Corp.")	
(State or country under the law of which it is incorporated)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent.  (I am familiar with and accept the obligations of my position as registered agent.			
(State or country under the law of which it is incorporated)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent.  (I am familiar with and accept the obligations of my position as registered agent.	(If name unavailab	ale in Florida, enter alternate corporate name adopted for the number of transacting business in Flori	(da)
(State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Current mailing address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  (City)  (Ci	T 1-		·····
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  SONY A HAMISM  Office Address:  (Pul Paragraphy Civale  (City)			_ <del></del>
(Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  (City)  (Ci	<i>L</i>	$\mathcal{D}_{-}$	
(Current mailing address)  Name:  Service Address:  (City)  (C	(Date of	(Fucomoration) 5. TELPELDA  (Duration: Year corn, will cease to exist or "nernetus	[""\
(Current mailing address)  Food Products Jams Jellia (Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)  Name: Sord Address: Policy Civole  Office Address: Policy Civ	•		· ,
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Perincipal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Sondra Hungy Civale  (City)  (Ci	5		
(Principal office address)  POBO + 593136 Orlando (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Solve Hamis M  Office Address: PUL RAME Civele  (City), Florida 32857  (City), Florida 32857  (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 lesignated 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.			
(Principal office address)  (Current mailing address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Sold Address: Pul Reference:  (City) Florida 32.857  (City) (Zip code)  (O. 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.	7.	1741 Putner Cir, Orlando 76 32937	
(Current mailing address)  3. Food Products Jams Jellias (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Survey Civele  (City), Florida 32837 (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 abligations of my position as registered agent.		(Principal office address)	a cloud a
(Current mailing address)  Reproducts Jams Jellias (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Solvice Hymism  Office Address: Address: Address: Florida Gity Civile  (City), Florida 32837  (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.		10004593136	NIONNO U 27QEO
(Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)  Defice Address:  Office Address:  Offic		(Current mailing address)	FG 02 03
(Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)  Defice Address:  Office Address:  Offic	15m. 1	10-1-1-	
Name: Sand A Hamiliar with and accept the abligations of my position as registered agent.  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Sand A Hamiliar with and accept the agent agent agent.  Name and street address of Florida registered agent.  Name: Sand A Hamiliar with agent agent agent agent.  Ploy of the sand agent	Purnose(s)	of corneration authorized in home state or country to be carried out in state of Florida	
Office Address:    Description   Description			
Office Address:  Office	). Name and street a	address of Florida registered agent: (P.O. Box NOT acceptable)	
(City), Florida 32857 (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 elesignated 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 abligations of my position as registered agent.	Name:	Sandra Hamisam	
(City), Florida 32857 (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 elesignated 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 abligations of my position as registered agent.	Man Address.	Dun above airale	
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X 2510			•
x 9510			
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(Registered agent's signature)		A second control of the second control of th	

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:

A. DIRECTORS		FILED			
Chairman:	- The Control of the	7001-101-1-4			
Address:		2001 OCT 12 P L; 27			
	.:	SECRETARY OF STATE TALLAHASSEE, FLORID			
Vice Chairman:	**				
Address:		<u>.                                    </u>			
Director:					
Address:	. <u>54</u>				
Director:	·· <u></u>				
Address:	हर′ <u>. र<b>ल</b></u>	<u> </u>			
B. OFFICERS	–				
President: Sondra Hurrison					
Address: 1741 Putney Circle					
Orlando 7c 32937					
Vice President:					
Address:	_				
	. —				
	and the second				
		· · · · · · · · · · · · · · · · · · ·			
Treasurer:	··· <u>·</u>	<u>.`</u>			
Address:					
NOTE: If necessary, you may attach an addendum to the application	listing addition	al officers and/or directors.			
13. X	2- <del>2</del> 3				
(Signature of Director or Officer listed in numb		lication)			
14. SANDRA HARRISON - Presiden					
(Typed or printed name and capacity of person signing application)					

# Delaware PAGFILED

The First State

2007 OCT 12 P 4: 27

SECRETARY OF STATE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARDNAS'D 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2007.



Varriet Smith Hinde Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6008177

DATE: 09-18-07