F07000005568

, ,	
(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Office Use Only	



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2007 NOV -9 PN 4: 06
SECRETARY OF STATE
FALL AND SEFE FLORIDA

T. Burch NOV 18 2007



CT

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

November 9, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7073533 SO

Customer Reference 1: Mass Connections-FL

Customer Reference 2: Cabeje

Dear Department of State, Florida:

Please obtain the following:

Mass Connections, Inc. (CA) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

mgereiy,

Christina McNeair CL Operations Specialist

Christina.McNeair@wolterskluwer.com

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Mass Connections, Inc.				10
(Enter name of corporation; must include "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.		" "COMPANY," "CORPORATION,"	ASSEE, FLI	-9 FM
(If name unavailable in Florida, enter alterna	te corporate name	adopted for the purpose of transacting business in	Florida)	÷.
California	3.	33-0467083	D'''	C
(State or country under the law of which it is		(FEI number, if applicable)		
03-14-91	5.	Perpetual		
(Date of incorporation)		(Duration: Year corp. will cease to exist or "per	rpetual")	
08-20-07				
(Date first tra		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	· ·	
·		• • •		
13131 East 166th Stree	rincipal office add		·	
13131 East 166th Stree	•			
	urrent mailing add	······································	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
Management of retail s	tore event	promotions		
(Purpose(s) of corporation authorized	in home state or co	ountry to be carried out in state of Florida)		
Name and street address of Florida regis	tered agent: (P.C	D. Box NOT acceptable)		
Name: CT Corporation	on System	1		
,				
_{fice Address:} 1200 South P	ine island	Road		
		22274		
Plantation		, Florida 33324(Zip code)		

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:

A: DIRECTORS	
Chairman: Caroline Nakken	
Address: 13131 East 166th Street	多語 []
Cerritos, CA 90703	FIGURE D
Vice Chairman: Sandra Cotten	STA F:
Address: 13131 East 166th Street	O6
Cerritos, CA 90703	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Caroline Nakken	
Address: 13131 East 166th Street	_
Cerritos, CA 90703	
Vice President: Sandra Cotten	
Address: 13131 East 166th Street	
Cerritos, CA 90703	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
(Signature of Director or Officer listed in number 12 of the application) 14. Caroline Nakken	
(Typed or printed name and capacity of person signing application)	

2007 NOV -9 PN 4: SECRETARY OF STATEMENT OF

State of California Secretary of State

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **14th day of March 1991, MASS CONNECTIONS, INC.**, became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 27, 2007.



快速

DEBRA BOWEN
- Secretary of State

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NP-25 (REV 1/2007)