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SECRETARY OF STATE
ALLAHASSEF FOR STATE

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
CSF Management, Inc.	
(Name of corp	poration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this n Lynda Mazzie	matter to the following:
(Nai	ame of Person)
Carr & Associates, Inc.	
(Fin	rm/Company)
16502 N. Dale Mabry Hwy.	
	(Address)
Tampa, Florida 33618	
(City/S	State and Zip code)
For further information concerning this matter, ple	ease call:
Lynda Mazzie 81	13 269-8400
(Name of Person) (A	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 & Sertified Copy Sertified Copy Certified Copy 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.

CSF Manag	ement, Inc.		
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORA	TION,"
CSF Manag	ement (Nevada), Inc.		
(If name unavai	lable in Florida, enter alternate corporate nan	ne adopted for the purpose of trans	acting business in Florida)
Nevada		26-1281801	
<u> </u>	under the law of which it is incorporated)	(FEI number, if applicable)	
10/01/07 4.		Perpetual 5.	
(Dat	e of incorporation)	(Duration: Year corp. will cea	ase to exist or "perpetual")
6.			
<u> </u>	(Date first transacted busines	s in Florida, if prior to registration	)
16502 N. Da	(SEE SECTIONS 607.1501 & 607 le Mabry Hwy. Tampa, Florida 336	•	iability)
7			
Cama aa ah	(Principal office a	ddress)	
Same as abo			
	(Current mailing a	ddress)	
8.	awful business		
(Purpose(	s) of corporation authorized in home state or	country to be carried out in state of	of Florida)
9. Name and stre	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	DEC ORET
	Michael W. Fuller	• ,	ASSA - D
Name:	16500 N. Dolo Mobry Lluny	<del></del>	
Office Address:	16502 N. Dale Mabry Hwy.		OF SI
	Tampa	33618 . Florida	RA 5
	(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

12. Names and business addresses of officers and/or directors: A. DIRECTORS Christian S. Fry Chairman: 16502 N. Dale Mabry Hwy. Tampa, Florida 33618 Address: Vice Chairman: \_\_ Address: \_ Director: \_ Address: Director: Address: **B. OFFICERS** Christian S. Fry 16502 N. Dale Mabry Hwy. Tampa, Fl 33618 Address: \_ Vice President: \_ Address: \_ Lynda Mazzie Secretary: 16502 N. Dale Mabry Hwy. Tampa, Florida 33618 Address: Michael W. Fuller Treasurer: PO Box 231 Odessa, Florida 33556 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) Michael W. Fuller Treasurer

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

SECRETARY OF STATE



## **CORPORATE CHARTER**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that CSF MANAGEMENT, INC., did on October 1, 2007, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 9, 2007.

ROSS MILLER Secretary of State

Certification Clerk

