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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
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Fax Number : (561)455-9885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

PASTICHE INC.

Certificate of Status	0
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**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. PASTICHE 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. DELAWARE

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 06/07/2007

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 115 EDMOR RD. WEST PALM BEACH, FL 33405

(Principal office address)

115 EDMOR RD. WEST PALM BEACH, FL 33405

(Current mailing address)

8. ANY LAWFUL PURPOSE

(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: **JENNIFER BAILEY**

Office Address: **115 EDMOR RD.**

WEST PALM BEACH

(City)

, Florida **33405**

(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.

✓ Jennifer Bailey

(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: LYNN R. KELLEY

Address: 23 RUE D'ARCOLE
75004 PARIS, FRANCE

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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ALABAMA

B. OFFICERS

President: LYNN R. KELLEY

Address: 23 RUE D'ARCOLE
75004 PARIS, FRANCE

Vice President: LYNN R. KELLEY

Address: 23 RUE D'ARCOLE 75004 PARIS, FRANCE

Secretary: LYNN R. KELLEY

Address: 23 RUE D'ARCOLE 75004 PARIS, FRANCE

Treasurer: LYNN R. KELLEY

Address: 23 RUE D'ARCOLE 75004 PARIS, FRANCE

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

13. ✓

(Signature of Director or Officer listed in number 12 of the application)

LYNN R. KELLEY, Director & President

14. _____

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

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PASTICHE, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2007.

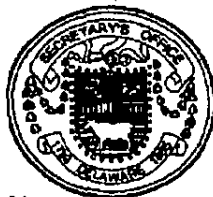
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PASTICHE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 2007.

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6296300

DATE: 12-13-07

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