

F07000006217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

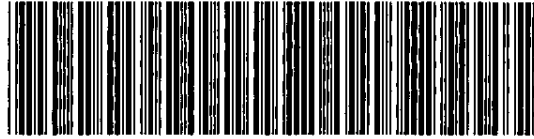
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/17/07--01025--013 **78.75

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2001 DEC 20 P 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paul
12/21/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Inn Systems Inc.

(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 to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Therese Hoard

(Name of Person)

Wyoming Corporate Services, Inc.

(Firm/Company)

2710 Thomes Ave.

(Address)

Cheyenne, WY 82001

(City/State and Zip code)

For further information concerning this matter, please call:

Therese Hoard

(Name of Person)

at (307) 632-3333

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2007

THERESE HOARD
WYOMING CORPORATE SERVICES, INC.
2710 THOMES AVE
CHEYENNE, WY 82001

SUBJECT: INN SYSTEMS, INC.
Ref. Number: W07000046151

We have received your document for INN SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dale White
Document Specialist

Letter Number: 607A00055005

**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. Inn Systems, 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. Wyoming

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

3. N/A

(FEI number, if applicable)

4. March 4, 2004

(Date of incorporation)

5. perpetual

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

6. September 14 2007

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1271 Sheehan Blvd, Port Charlotte, FL 33952

(Principal office address)

1271 Sheehan Blvd, Port Charlotte, FL 33952

(Current mailing address)

8. any lawful business

(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:

Michael Valmera

Office Address:

1271 Sheehan Blvd

Port Charlotte

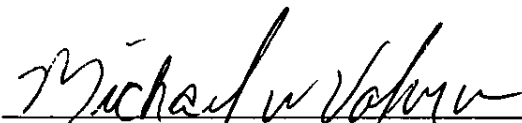
(City)

33952

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael Valmera

Address: 1271 Sheehan Blvd

Port Charlotte, FL 33952

Director: _____

Address: _____

B. OFFICERS

President: Michael Valmera

Address: 1271 Sheehan Blvd

Port Charlotte, FL 33952

Vice President: _____

Address: _____

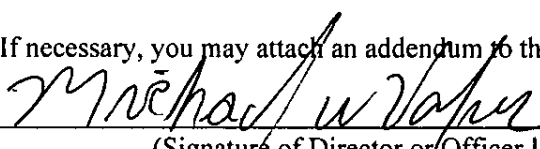
Secretary: Michael Valmera

Address: 1271 Sheehan Blvd, Port Charlotte, FL 33952

Treasurer: Michael Valmera

Address: 1271 Sheehan Blvd, Port Charlotte, FL 33952

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)

14. Michael Valmera, President

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

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2007 DEC 20 P 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } ss.

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2001 DEC 20 P 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Inn Systems Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **March 4, 2004**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2004-000463098**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of September, 2007 at 2:15 PM.



Max Maxfield
Secretary of State

By *Yolanda M. Gonzalez*