F0800001739

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Business Linky Hame)
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08 APR 18 PM 2:22

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

. '####

COVER LETTER

08 APR 18 PM 2: 22

TO: New Filing Section Division of Corporations	
SUBJECT: Joung Interprise (Name of corporate	Solutions. Inc.
(Name of corporati	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	or Authorization to Transact Business in Florida," register the above referenced foreign corporation to
Please return all correspondence concerning this matt	
_ Young Enterprise &	of Person) Sutions, Inc.
209 S. Main St., S	Company)
Amherst Dhio 440	dress)
(City/State	and Zip code)
	11
For further information concerning this matter, please	call;
David J. Moore at 440	988-0339
	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 \$\int \text{\$78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



SECRETARY OF STATE DIVISION OF CORPORATIONS

08 APR 18 PM 2: 22

April 7, 2008

DAVID J. MOORE 209 S. MAIN STREET SUITE 1 AMHERST, OH 44001

SUBJECT: YOUNG ENTERPRISE SOLUTIONS, INC.

Ref. Number: W08000017669

We have received your document for YOUNG ENTERPRISE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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".

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 708A00020317

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STA SIGN CORPORATION TO TRANSACT BU		
101	Entropica Salution	e Inc	
(Enter name of con "Inc.," "Co.," "Cor	<u>LNUVINISL</u> <u>Solution</u> poration; must include "INCORPORATED," p," "Inc," "Co," or "Corp.")		
Mu	ous Yes, Inc.		
(If name unavailab	le h Florida, enter alternate corporate name a	dopted for the purpose of transacting busines	ss in Florida)
2.	Thio 3.	34-1919167	
	ider the law of which it is incorporated)	(FEI number, if applicable)	
	yary 17,2000 5.	(Lerpetual)	
(Date o	fincorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6	N/A		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		·
7 709 8	Main St., Suite I, Am	herst. Ohio 44001	
	(Principal office addre	ess)	
2159 S	. Main St., Suite L. Am	herst. Ohio 44001	
	. (Current mailing addre	ess)	 ,
۱ ۰ ۲۰ ۸		0 00 1 3 1	30 SVIC
8. Inilial	and Continuing Education		SIO AF
(Purpose(s)	of corporation authorized in home state or cou	ntry to be carried out in(state of Florida)	Ž ŽÃ
9. Name and street a	address of Florida registered agent: (P.O.	Box NOT acceptable)	FAR CRARLE
Maria	C T Corporation System		PA CREE
Name:	<u> </u>		STATE ORATIO 2: 22
Office Address:	1200 South Pine Island Road		22 23
	Plantation	33324	250
	(City)	, Florida(Zip code)	Ċ,
	(0.1)	(=.F :::::)	•
10. Registered age			-4:
	l as registered agent and to accept service oplication, I hereby accept the appointme		
further agree to con	iply with the provisions of all statutes rel	lative to the proper and complete perfori	
and I am familiar w	ith and accept the obligations of my posi	tion as registered agent.	
	C T Corporation System	-mily-r-yigh	
_	a sulle	JOYCE A. GILBERT	
By:	(Registered agent's signature)	- ASSISTANT SECRETARY	
	(Registered agent's signature)		
11 Attached is a cer	rtificate of existence duly authenticated, n	ot 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:

SECRETARY OF STATE DIVISION OF CORPORATIONS A. DIRECTORS 08 APR 18 PH 2:22 Chairman: _ Vice Chairman: Address: Director: Address: ____ **B. OFFICERS** President: Address: __ Vice President: Address: __ Secretary: _ Address: __ Treasurer: Address: __ NOTE: If necessary, you may attach apaddendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application)

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

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show YOUNG ENTERPRISE SOLUTIONS, INC., an Ohio corporation, Charter No. 1134382, having its principal location in Amherst, County of Lorain, was incorporated on February 17, 2000 and is currently in GOOD STANDING upon the records of this office.

DIVISION OF CORPORATIONS

08 APR 18 PM 2:22



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of April, A.D. 2008

Ohio Secretary of State

Validation Number: V200892A10D7C