

F08000002132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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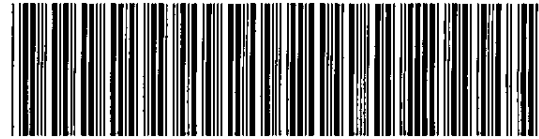
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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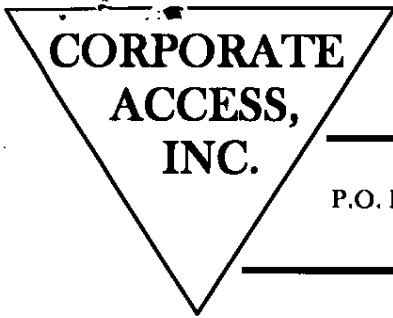
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TALLAHASSEE, FLORIDA

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\*00789, 00142, 00672

bm 5/10/08



"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 968-6666 Fax (850) 222-1666

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Articles

1.

No Fear, Inc.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2008

Corporate Access, Inc.  
236 East 6th Avenue  
Tallahassee, FL 32303

SUBJECT: MARTINEZ CELAYA, INC.  
Ref. Number: P04000121843

*use for filing of No Fear Inc.*

We have received your document for MARTINEZ CELAYA, 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):

Articles of Merger for a Florida or foreign profit corporation are filed pursuant to section 607.1105, Florida Statutes. A merger form is enclosed.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 208A00013071

**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. **NO FEAR, 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. **CALIFORNIA**

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

3.

(FEI number, if applicable)

4. **08/17/1990**

(Date of incorporation)

5.

**PERPETUAL**

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

6.

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

7. **1812 ASTON AVENUE, CARLSBAD, CA 92008**

(Principal office address)

**1812 ASTON AVENUE, CARLSBAD, CA 92008**

(Current mailing address)

8. **RETAIL INTERNET SALES**

(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: **PARACORP INCORPORATED**

Office Address: **236 E 6th AVENUE**

**TALLAHASSEE**

(City)

, Florida **32303**

(Zip code)

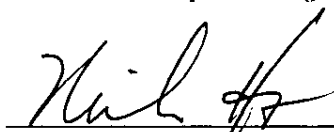
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TALLAHASSEE, FLORIDA

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AND  
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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.*



Ninh Ho, Assistant Secretary

(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: MARK SIMO

Address: 1812 ASTON AVE  
CARLSBAD, CA 92008

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: BRIAN SIMO

Address: 1812 ASTON AVE  
CARLSBAD, CA 92008

Director: SCOTT BENJAMIN

Address: 1812 ASTON AVE  
CARLSBAD, CA 92008

**B. OFFICERS**

President: BRAIN SIMO

Address: 1812 ASTON AVE  
CARLSBAD, CA 92008

Vice President: SCOTT BENJAMIN

Address: 1812 ASTON AVE  
CARLSBAD, CA 92008

Secretary: SCOTT BENJAMIN

Address: 1812 ASTON AVE, CARLSBAD, CA 92008

Treasurer: KENNETH AURIGEMMA

Address: 1812 ASTON AVENUE, CARLSBAD, CA 92008

**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. SCOTT BENJAMIN, SECRETARY

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

08 MAY 12 PM 3 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APPROVED,  
AND

**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 **27th day of August, 1990, NO FEAR, 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  
May 9, 2008.



*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 12 PM 3:14

APPROVED  
FILED

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