•		
(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Chury Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



000145372940

03/12/09--01017--001 **70.00

SECRETARY OF STATE

APPROVE:



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Save Plus, Inc.	
	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matte	er to the following:
Karen Johnson	
(Name o	of Person)
Harvard Business Services, Inc.	
(Firm/C	Company)
16192 Coastal Highway	
(Ad	dress)
Lewes, DE 19958	
(City/State	e and Zip code)
For further information concerning this matter, please	call:
Karen Johnson at (_302	, 645-7400
	a 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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.150 REIGN CORPORATION T	3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO O TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
₁· Save Plus	, Inc.			
(Enter name of co	orporation; must include "IN orp," "Inc," "Co," or "Corp.")	CORPORATED," "COMPANY," "CORPORATION,"		
(If name unavails	ıble in Florida, enter alternat	corporate name adopted for the purpose of transacting business in Florida)		
_{2.} Delaware		3		
	under the law of which it is it	corporated) (FEI number, if applicable)		
4. 02/24/2009	9	_{5.} Perpetual		
	of incorporation)	(Duration: Year corp, will cease to exist or "perpetual")		
6.				
·		acted business in Florida, if prior to registration) 7.1501 & 607.1502, F.S., to determine penalty liability)	0	• •
, 4517 NW 5	51st Street, Cocon	ut Creek, FL 33073	09 MAR	
··	(Pri			
4517 NW 5	51st Street, Cocor	ut Creek, FL 33073	2	Ę≥
	(Cu	rent mailing address)	3	me
, Provide te	lecommunications	to customers in Florida.		
(Purpose(s) of corporation authorized in	home state or country to be carried out in state of Florida)	ت	
9. Name and stree	<u>t address</u> of Florida registe	red agent: (P.O. Box NOT acceptable)		
Name:	Danny A. Davis			
Office Address:	4517 NW 51st S	reet		
	Coconut Creek	, Florida 33073 (Zip code)		
	(City)	(Zip code)		
Having been name	application, I hereby acce	to accept service of process for the above stated corporation at the place of the appointment as registered agent and agree to act in this capacity. of all statutes relative to the proper and complete performance of my dut	I	

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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.

To:13023369724 APPROVED P.2/2
FILED

09 MAR 12 PM 1:1/2

12. Names and business addresses of office	rs and/or directors: SECRETARY OF
A. DIRECTORS	rs and/or directors: SECRETARY OF STATE TALL AHASSEE, FLORIDA
Chairman:	- ONINA
Address:	
Vice Chairman:	:
Address:	
Director: Seid Tanovic	
Address: 4517 NW 51st Street	
Coconut Creek, FL 330	73
Director:	
Address:	
B. OFFICERS	
President: Danny Davis	
Address: 4517 NW 51st Street	
Coconut Creek, FL 330	73
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NAME	
X-	ondum to the application listing additional officers and/or directors.
13. (Signature of Director	or Officer listed in number 12 of the application)
14 Dans	V Lavis
(Typed or printed na	me and capacity of person signing application)

APPROYES

Delaware SECRETARY OF STATE FALLARIASSEE, FLORIDA

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAVE PLUS, 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVE PLUS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2009.

4658775 8300

DATE: 02-27-09

AUTHENT

CATION: 7160223

Jeffrey W. Bullock, Secretary of State

090215982

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