

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000142919 3)))



H090001429193ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

RECEIVED  
DEPARTMENT OF STATE  
09 JUN 15 AM 10:32

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**MIX MODEL MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED  
2009 JUN 15 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

J. S. S. JUN 16 2009

**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. MIX MODEL MANAGEMENT, 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. TEXAS**

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

**3. 27-0349951**

(FBI number, if applicable)

**4. 6/10/09**

(Date of incorporation)

**5. PERPETUAL**

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

**6. UPON FILING OF THIS DOCUMENT**

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

**7. 20 HALTER LANE, DARIEN, CT 06820**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

**8. model management**

(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: **BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**

Office Address: **515 EAST PARK AVE.**

**TALLAHASSEE**, Florida **32301**

(City)

(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)

JOSE MOJICA, ASST. SECY.

**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.**

2009 JUN 15 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**A. DIRECTORS**

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

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

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

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

Director: **JEFFREY LOVELAND**Address: **20 HALTER LANE, DARIEN, CT 06820**Director: **NEAL HAMIL**Address: **231 SHEKEL LANE, HOUSTON, TX 77015****B. OFFICERS**President: **NEAL HAMIL**Address: **231 SHEKEL LANE, HOUSTON, TX 77015**

Vice President: \_\_\_\_\_

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

Secretary: **JEFFREY LOVELAND**Address: **20 HALTER LANE, DARIEN, CT 06820**Treasurer: **JEFFREY LOVELAND**Address: **20 HALTER LANE, DARIEN, CT 06820****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. **JEFFREY LOVELAND, SECERTARY**

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

**FILED**  
2009 JUN 15 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF FILING OF

MIX MODEL MANAGEMENT, INC.  
File Number: 801133342

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic For-Profit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 06/10/2009

Effective: 06/10/2009

FILED  
2009 JUN 15 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State