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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

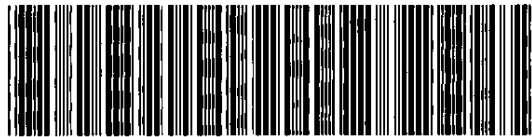
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/09--01025--019 **70.00

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09 JUN 15 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 6/16/09

1104000023442



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2009

JAMES J. ALBION
PO BOX 487
DOVER, NH 03821-0487

RECEIVED JUN - 1 2009
RW

SUBJECT: ZMJ ENTERPRISES, INC.
Ref. Number: W09000023442

We have received your document for ZMJ ENTERPRISES, 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 document must contain both the street address of the principal office and the mailing address of the entity.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 009A00016923



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2009

JAMES J. ALBION
PO BOX 487
DOVER, NH 03821-0487

SUBJECT: ZMJ ENTERPRISES, INC.
Ref. Number: W09000023442

We have received your document for ZMJ ENTERPRISES, 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):

You failed to make the correction(s) requested in our previous letter.

List the required addresses in the proper sections on this form.

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 009A00016923

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DEPARTMENT OF STATE
09 JUN 15 PM 4:17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ZMJ ENTERPRISES, 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:

JAMES J. ALBION, PRESIDENT

Name of Person

ZMJ ENTERPRISES, INC.

Firm/Company

PO Box 487

Address

DOVER, NH 03821-0487

City/State and Zip code

JALBION@ZMJENTERPRISES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES ALBION

Name of Person

at (603) 749-8817

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

**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. ZMJ ENTERPRISES, 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. NH 3. 65-0558854
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/29/98 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 38 FIELDSTONE DR. DOVER, NH 03820-6100
(Principal office address)

PO Box 487 DOVER, NH 03821-0487
(Current mailing address)

8. MARKETING, GENERAL 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)

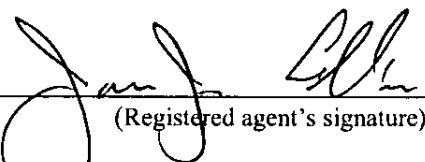
Name: JAMES ALBION

Office Address: c/o ALBION 13362 TALL GRASS CT.

FT. MYERS, Florida 33912
(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)

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: _____

Address: _____

Director: MICHELE W. ALBION

Address: PO Box 487

DOVER, NH 03821-0487

B. OFFICERS

President: JAMES J. ALBION

Address: PO Box 487

DOVER, NH 03821-0487

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. JAMES J. ALBION, PRES.

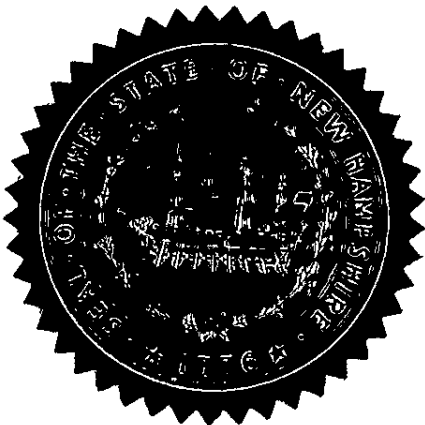
(Typed or printed name and capacity of person signing application)

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify ZMJ ENTERPRISES, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on May 29, 1998. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of May, A.D. 2009

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA