## FO9000002595

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	i
	·	
· (Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		<u>.</u>

Office Use Only



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FILED
2009 JUN 26 PH 4: 43
SECRETARY OF STATE
SECRETARY OF STATE

T. Busch JUN 2 9 2009

## **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: 100% Land, Inc.	
5026		poration - must include suffix
Dear S	ir or Madam:	
"Certif		tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please	return all correspondence concerning thi	s matter to the following:
	L	sa DeVries
	Ŋ	ame of Person
	100	0% Land, Inc.
	Fi	rm/Company
	3950 \	White Rose Way
		Address
	Ellicott	City, MD 21042
	City	/State and Zip code
		er@ldandd.com
	E-mail address: (to b	e used for future annual report notification)
For fur	ther information concerning this matter,	please call:
Lisa [	DeVries at (	443 \ 367-0422
	Name of Person	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
Enclose	ed is a check for the following amount:	
<b>\$</b> 70.	00 Filing Fee S78.75 Filing Fee & Certificate of State	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDÀ**

1. 100% Land		BUSINESS IN THE STATE OF FLORIDA.	2009 JUN
(Enter name of	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	OF ST	26 PM
(If name unavai	lable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida	4: 43
2. State of Ma	ryland 3	, N/A	ယ
	under the law of which it is incorporated)	(FEI number, if applicable)	
4. October 1, 2	2003 5	Perpetual	
_	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. N/A	(Data first transacted business	in Florida, if prior to registration)	
		1502, F.S., to determine penalty liability)	
7, 3950 White F	Rose Way, Ellicott City, MD 21042		
	(Principal office ad	dress)	
3950 White I	Rose Way, Ellicott City, MD 21042		
	(Current mailing ad	dress)	
8. Any lawful b	Miejnace		
	s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Donald R. Reuwer, Jr.		
Office Address:	1035 Grand Isle Drive	<del></del> _	
	Naples	, Florida 34108	
	(City)	(Zip code)	
Having been nam designated in this	application <u>. I hereby acce</u> pt the appoints omply with the provisions of all statutes s	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my du sition as registered agent.	I

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: Lisa DeVries	SEC	2009
Address: 3950 White Rose Way	- FR	
Ellicott City, MD 21042		26
Vice Chairman: Donald R. Reuwer, Jr.	)F 9	-⊋ (
Address: 1035 Grand Isle Drive	IAI	ŧ
Naples, FL 34108	L£!	3
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Lisa DeVrles		
Address: 3950 White Rose Way		
Ellicott City, MD 21042		
Vice President: Donald R. Reuwer, Jr.		
Address: 1035 Grand Isle Drive		
Naples, FL 34108		
Secretary: Lisa DeVries		
Address: 3950 White Rose Way, Ellicott City, MD 21042		
Treasurer: Donald R. Reuwer, Jr.		
Address: 1035 Grand Isle Drive, Naples, FL 34108		
NOTE: If pecessary you may attach an addendum to the application listing additional officers and/or directors.		
(Signature of Director or Officer listed in number 12 of the application)		
Donald R. Reuwer, Jr.		

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 100% LAND, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 11, 2009.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Paul B. Undan

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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