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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	300157224213
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Certified Copies Certificates of Status <u>Figure Status</u> ();	
Special Instructions to Filing Officer:	SECRETARY OF LLAHASSEE,

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JUN 30 2009 D. A. WHITE

COVER LETTER

FILED

New Filing Section Division of Corporations

TO:

SUBJECT: Phase Three Sales, 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:

Carol B. Webb
Name of Person
Phase Three Sales, Inc.
Firm/Company
133 Olivera Way
Address
Palm Beach Gardens, FL 33418
City/State and Zip code
carolwebb@phase3sales.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carol B. Webb at (561) 630-8524
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

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. 29 p 1 Phase Three Sales, 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) Maryland (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual 06/01/1986 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 01/01/2009 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7, 133 Olivera Way Palm Beach Gardens, FL 33418 (Principal office address) 133 Olivera Way Palm Beach Gardens, FL 33418 (Current mailing address) 8. Owners of business have moved to Florida (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) Carol B. Webb Name: 133 Olivera Way Office Address: Palm Beach Gardens (City) 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.

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
				•	•			
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FILED

Chairman:	789 JUN 29 P 2: 10
Address:	
· · ·	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
B. OFFICERS	
President: Carol B. Webb	
133 Olivera Way	
Palm Beach Gardens, FL 33418	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may artagh an addendum to t	he application disting additional officers and/or directors.
13. (Signature of Director or Officer	listed in number 1/2 of the application)
14	<i>y</i>
(Typed or printed name and ca	pacity 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 PHASE THREE SALES, 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 23, 2009.

Paul B. Anderson Charter Division TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097