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



## **COVER LETTER**

TO:	New Filing Section Division of Corporations			
SUBJ		deas Inc ion - must include suffix		<del></del>
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporation ficate of Existence," and check are submitted to the business in Florida.			to
Please	return all correspondence concerning this mat	tter to the following:		
	Diane Albright Name			
	Name	of Person		_
	All Rucht Tdog	s The		
	Firm/C	ompany		<del></del>
	217 Main Str	rot		
		ldress		<del></del>
	Emmais PA	18049		
	City/State	e and Zip code		<del></del>
	organize a) D	iane Albright. (ON) ed for future annual report notification)		
	E-mail address: (to be use	ed for future annual report notification)		_
For fur	ther information concerning this matter, pleas	ee call:		
Dic	ine Albright accles	782 0636	200	S
	Name of Person Are	ea Code & Daytime Telephone Number	2009 SEP -	ECRETA SION 0
	STREET/COLDIED ADDRESS.	MAILING ARRESS.	8	FCO
	STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section	P	- 중유( 으까
	Division of Corporations	Division of Corporations	ယ်	RATI
	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P.O. Box 6327 Tallahassee, FL 32314	0_	STATE
Enclose	ed is a check for the following amount:			
<b>√</b> \$70	.00 Filing Fee \$\ \text{Certificate of Status}	\$78.75 Filing Fee & \$87.50 Filing Certificate Cocy	of Statu	ıs &



SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 SEP -8 PM 5: 01

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2009

DIANE ALBRIGHT 217 MAIN STREET EMMAUS, PA 18049

SUBJECT: ALL BRIGHT IDEAS INC

Ref. Number: W09000038976

We have received your document for ALL BRIGHT IDEAS 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 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 the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 509A00029050

09 SEP -8 PM 4: 38

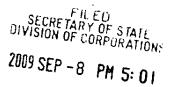
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(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	ss in Florida)
Pennsylvania 3. 23-3071490	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
. March 22 2001 5. Denetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or	"perpetual")
·	<del></del>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
217 Main Street Emmans PA 18049	
(Principal office address)	
217 Main Street Emmans PA 18049	
(Current mailing address)	
Professional Organizing  (Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)	OIVISION 2009 SEP
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	7AR COF CO
Name: Carol Coringrato	P. 200 P.
	STATE ORATIO
Office Address: 2172 Kerwood Loop	10 10 10 11
The Villages, Fl 32162 Florida 32162	1 44
(City) (Zip code)	
O. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpord lesignated in this application, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered agent.	in this capacity.

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:	FILED	
A. DIRECTORS	SECRETARY OF STATE DIVISION OF CORPORATIONS	
Chairman:	2009 SEP 8 PM 5: 01	
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
Address: 3045 Linelberg Avenue		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing:  13. Diane C. Albright Weane C.  (Signature of Director or Officer listed in number 12 of the Control of the Co	albert	
(Typed or printed name and capacity of person signing	ng application)	



#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

#### **AUGUST 19, 2009**

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### **ALL BRIGHT IDEAS, INC.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Secretary of the Commonwealth**