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Office Use Only



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SECRETARY OF SIATE DIVISION OF CORPORATION

10/27/09

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Cozy Traveler, Inc.		
	on - must include suffix	<del></del>
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Stareferenced foreign corporation to transact business in	inding"and check are submitted to registe	lorida," r the above
Please return all correspondence concerning this matter	er to the following:	
Robert V	Nyman	
. Name o	f Person	
Cozy Trav	veler, Inc.	
Firm/Co	mpany	·····
2538 Southsid	le Park Court	
Add	Iress	
Goshen/II	N, 46526	
City/State	and Zip code	
cozytravler@		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Robert Wyman at ( 574	, 533-2600	20
Name of Person Area	533-2600 a Code & Daytime Telephone Number	DIVISION OF COL
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	CORPORATIONS  6 PH 3: 21
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Fil Certified Cop Certificat Certified	te of Status &

## 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.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
					_
	(If name unavailable in Florida, enter alternate corporate na			Florida	1)
2.	Indiana	3.	26-1729079		_
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4.	1/11/2008	5.	Perpetual		_
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "per	petual"	)
6.					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	,		502, 1.5., to determine penalty habitity)		
7.	2538 Southside Park Court Goshen, IN 46520				<del></del>
	(Principal office	add	ress)		
	2538 Southside Park Court Goshen, IN 4652				
	(Current mailing	add	ress)		
8.			to be used out in state of Florida		- SIAIQ
	(Purpose(s) of corporation authorized in home state of	or c	buntry to be carried out in state of Florida)	9 0	355
9.	Name and street address of Florida registered agent: (	(P.C	D. Box NOT acceptable)	109 OCT 26	S I
	Name: Dean M. Thompson		<del></del>		CON
О	ffice Address: 1173 Coral Lake Drive		<del></del>	PM 3:21	OF SIA
	Venice		, Florida <u>34285</u>	:2	TION
	(City)		(Zip code)		20

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.

Dean M. Jumpson
(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.

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

A. DIRECTORS

SECRETARY OF STATE
DIVISION OF CORPORATION

Popert Wyman

Chairman:	Robert Wyman	2009 OCT 26 PM 3: 21
ddress:	2538 Southside Park Court, Goshen, IN 46526	, Jan 20 111 3. 21
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ice Chair	rman:	
.ddress: .		
irector:		
irector:		
. OFFI	CERS	
resident:	Robert Wyman	
.ddress:		
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ice Presi	dent:	
ecretary:		
ddress:		
OTE:	If necessary, you may attach an addendum to the application lis	ting additional officers and/or directors.
.3	Mobil Myman	
₄ Rob	(Signature of Director or Officer listed in number pert Wyman	12 of the application)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

SECRETARY OF STATE DIVISION OF CORPORATIONS
2009 OCT 26 PM 3: 24

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### COZY TRAVELER, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 11, 2008, and was in existence or authorized to transact business in the State of Indiana on October 21, 2009.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-First Day of October, 2009.

TODD ROKITA, Secretary of State

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