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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Smith APR 10 2010

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Your Snoring Remedies, 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," or "Certificate of Good Standing" 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:

ALBERT H. EASTMAN

Name of Person

TOTAL MARKETING CONCEPTS, INC

Firm/Company

1120 SE 48TH ST, UNIT 1-C

Address

CAPE CORAL, FL 33904

City/State and Zip code

sales@yoursnoringremedies.com

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

For further information concerning this matter, please call:

ALBERT H. EASTMAN

Name of Person

at ( 239 ) 540-1944

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

FLORIDA Department of State  
Div. of Corporations  
Attention: Tim Burch

FAX 850/245-6804

Good afternoon Mr. Burch:

April 8, 2010


Thank you for your call today concerning transactions  
for my new Corporation: Your Snoring Remedies, Inc.

In error, I filled out the form indicating that in  
2003, business was conducted and transactions were made.

In reality, NO BUSINESS has taken place, and will not  
occur until I am provided a Corporation number from your  
Department. Then I will open a bank account and the other  
necessary items.

I regret the inconvenience, and thank you for the call  
and your assistance in clearing up this matter.

Cordially,

  
Albert H. Eastman  
President  
Your Snoring Remedies, Inc.  
1120 SE 45<sup>th</sup> Street, Unit 1-C  
Cape Coral, FL 33904

*P.S., Wang date was entered in Section 6. AHE.*

**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. TOTAL MARKETING CONCEPTS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**YOUR SNORING REMEDIES, INC.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. KENTUCKY**

(State or country under the law of which it is incorporated)

**3. 61-136-6682**

(FEI number, if applicable)

**4. NOVEMBER 1, 1999**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

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

**7. 1120 SE 46TH ST, CAPE CORAL, FL 33904**

(Principal office address)

**1120 SE 46TH ST, CAPE CORAL, FL 33904**

(Current mailing address)

**8. INTERNET MARKETING**

(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: **ALBERT H. EASTMAN**

Office Address: **1120 SE 46TH ST., FL**

**CAPE CORAL**

(City)

**Florida 33904**

(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: N/A *[Signature]*

Address: *[Signature]*

Director: N/A

Address: \_\_\_\_\_

**B. OFFICERS**

President: ALBERT H. EASTMAN

Address: 1120 SE 46TH STREET  
CAPE CORAL, FL 33904

Vice President: N/A

Address: \_\_\_\_\_

Secretary: N/A

Address: \_\_\_\_\_

Treasurer: N/A

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *[Signature]*

(Signature of Director or Officer listed in number 12 of the application)

14. A H EASTMAN, PRESIDENT

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

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TALLAHASSEE, FLORIDA

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**Commonwealth of Kentucky  
Trey Grayson, Secretary of State**

Trey Grayson  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3480  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 95983

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**TOTAL MARKETING CONCEPTS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is November 24, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 31<sup>st</sup> day of March, 2010, in the 218<sup>th</sup> year of the Commonwealth.



*Tn6z*  
Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
95983/0483963

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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