F10000001973

(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



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03/30/10--01016--002 **70.00

200 APR 26 P I: 21
SECRETARY OF SEATE
BELLAHASSEE FLORIDA

04/27/10--01011--001 **650.00

APR 27 2010 D. A. WHITE

COVER LETTER

FILED

TO:	New Filing Section Division of Corporations		2010 APR 26 P 1: 21
SUBJ	N CNO T	\supset	MALL AHASSES FE ORIGINAL
3000	(Name of corporati	on - must include suffix)	- LORIDA
Dear S	Sir or Madam:		
"Certif	nclosed "Application by Foreign Corporation for ficate of Existence," and check are submitted to ct business in Florida.		
Please	return all correspondence concerning this matter	er to the following:	
	PATRICK MCGUIRE		
	(Name o	of Person)	
	MIM PHON INC.		
	110 32 13 10 0.	ompany)	
	PO BOK 1283		
. "! "		lress)	
*****	LACROSSE, WI 5	and Zip code)	The state of the s
	(City/State	and Zip code)	
For fu	rther information concerning this matter, please	call:	
Be	th Osborn at (608)	534-5052	
		Code & Daytime Telepho	
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	
Enclos	ed is a check for the following amount:		
15 \$70	0.00 Filing Fee \$\Bigcup \text{\$\subset\$578.75 Filing Fee & Certificate of Status}\$	\$78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2010

PATRICK MCGUIRE M. & M. PHOTO, INC. PO BOX 1283 LACROSSE, WI 54602

SUBJECT: M & M PHOTO, INC Ref. Number: W10000015973

We have received your document for M & M PHOTO, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Regulatory Specialist II

Letter Number: 910A00007942

RECEIVED

้อย เมลาสาสาร ดูโ Elouda โลยอเติก ทุกวกระทุก เลยเอ็บกลาก พ.ณ. การ<u>ณ์ข</u>อยู่ต เมริยาสาร 1 เลยกระทุก มีอเมลานู เวลาสาร ผู้ออเมลาสาร (1560 สารที่**และ**กับ

karianumi pama alimpisijon smpisyen na uje egrani kije nativ

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT				
BUSINESS IN FLORIDA				
IN COMPLIANCE WITH SECTION (OF 150), FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO FE				
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAZON APR 26 P. 15. M. PATON, INC.				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Co.," "Corp." "Inc.," "Co.," "Corp." "Inc," "Co.," "Corp." "Inc," "Co.," "Corp."				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," (*** LEATTER PROPERTY OF "Inc." "Co." "Corp." "Inc." "Co." or "Corp.")				
men con, corp. me, corp. y				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2 Wisconsin 39-1581923				
2. Wisconsid 3. 39-1581923 (FEI number, if applicable)				
4. O4/01/1987 5. Der Det UGU (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
6. resumed NOV. 2009				
(Date first transacted business in Florida, if prior to registration)				
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7. 115 5th AVE. S 5 PO Box 1283 (Principal office address)				
(Principal office address)				
LACROSSE, WI 54602				
(Current mailing address)				
8. DOOR TO DOOR SALES OF AFRIAL PHOTOS				
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)				
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)				
Name: CT CORP SYSTEMS				
Office Address: 1200 S. PINTETSLAND RD PLANTATION, FL, Florida 33324				
PLANTATION FL Florida 33324				
(City) (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.				

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.

(Registered agent's signature)

attached

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

A. DIRECTORS Chairman: 2010 ART 26 P 1: 21 ASSEMBLY OF STATE Vice Chairman: Address: ____ Director: Platters 54601 ROSSE, WI Address: W32 **B. OFFICERS** President: PICHARD 54601 LACIZOSSE, WI Vice President: PARICK Secretary: Address: __ Treasurer: Address: **NOTE:** If necessary, 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)

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

PATRICK MCGUIRE

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



SECKETARY OF STATE

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

M. & M. PHOTO, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 15, 1985.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 3, 2010.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

75463-E60A7BEC