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SECRETARY OF STATE

COVER LETTER

	ew Filing Section vision of Corpora				
	$_{\Gamma}$: Michelle Farr				
SUBJEC	1.		orporation -	must include suffix	
Dear Sir o	r Madam:				
"Certificate	e of Existence," o		Good Stand	authorization to Transacing" and check are subusting in Florida.	
Please retu	rn all correspond	ence concerning t	his matter t	o the following:	
Deborah J	ohnson				
			Name of P	erson	
Simple Bu	siness Solutions,	LLC			
			Firm/Comp	oany	
5781 Lee	Blvd, 208-359				
			Addres	s	
Lehigh Ac	res, FL 33971				
		Ci	ty/State an	d Zip code	
easybiz10	1@yahoo.com				
	ŀ	z-mail address: (to	be used to	r future annual report n	otification)
For further	information con-	cerning this matte	r, please ca	11:	
Deborah J	ohnson	at (239) 369-4686	
N	ame of Person			ode & Daytime Telepho	one Number
Ne Di Cli 26 Ta	PREET/COURING The Filing Section vision of Corporation Building 61 Executive Cerulahassee, FL 32	ations nter Circle 301		MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations
Enclosed is		following amount: \$78.75 Filing Fe Certificate of St	e& 🗖	\$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.

1.	Michelle Farme	er, Inc.				
		orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	N/A					
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	s in Florid	la)
2.	New York		3.	55-4530339		
		under the law of which it is incorporated)		(FEI number, if applicable)		
4.	11/05/2001		5.	Perpetual		
••	(Date	of incorporation)	-	(Duration: Year corp. will cease to exist or "	perpetual	")
6.	May 14, 2010					
•				n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	33 Newtown La	nne, Suite 200 Bridge Hampton, I	٧Y	11937		
٠.,		(Principal office	add	ress)		
	33 Newtown La	ne, Suite 200 Bridge Hampton,	NY	11937		
		(Current mailing	add	ress)		
8.	Any Lawful Bus					
	(Purpose(s) of corporation authorized in home state o	r c	ountry to be carried out in state of Florida)	<u></u>	
9.	Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	MH Y	
	Name:	Allan T. Griffith			2	
O	ffice Address:	2100 McGregor Boulevard			01:H	
		Fort Myers		, Florida <u>339</u> 01	: [700 JP
		(City)		(Zip code)	<u></u>	T. I.
10	. Registered ag	gent'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.

Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: Michelle Farmer Address: 153 Snake Hollow Road Bridge Hampton, NY 11932 Vice President: Address: 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)	12. Names and business addresses of officers and/or directors:		Fig.
Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: Michelle Farmer Address: 153 Snake Hollow Road Bridge Hampton, NY 11932 Vice President: Address: 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)	A. DIRECTORS	# O	
Address: Vice Chairman: Address: Director: Address: B. OFFICERS President: Michelle Farmer Address: 153 Snake Hollow Road Bridge Hampton, NY 11932 Vice President: Address: 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)	Chairman:		
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Address: Director: Address: B. OFFICERS President: Michelle Farmer Address: 153 Snake Hollow Road Bridge Hampton, NY 11932 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Michelle Farmer: (Signature of Director or Officer listed in number 12 of the application)		<u> </u>	
Director: Address: B. OFFICERS President: Address: 153 Snake Hollow Road Bridge Hampton, NY 11932 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Michelle Farmer. (Signature of Director or Officer listed in number 12 of the application)	Director:		13-10-1-10-1-10-1-10-1-10-1-10-1-10-1-1
Director: Address: B. OFFICERS President: Address: 153 Snake Hollow Road Bridge Hampton, NY 11932 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Michelle Farmer. (Signature of Director or Officer listed in number 12 of the application)	Address:		
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Bridge Hampton, NY 11932 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Michelle Sarmer: (Signature of Director or Officer listed in number 12 of the application)	President: Michelle Farmer		
Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Michaelle Farmer: West	Address: 153 Snake Hollow Road		
Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Michaelle Farmer: West	Bridge Hampton, NY 11932		
Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Michaelle Sarmer (Signature of Director or Officer listed in number 12 of the application)			
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Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13			
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(Signature of Director or Officer listed in number 12 of the application)	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)	13. Michelle Farmer		
14. Michelle Farmer \ \mathcal{Y} \epsilon 5	(Signature of Director or Officer listed in number 12 of the application)		
(Typed or printed name and capacity of person signing application)	14. Michelle Farmer Y 65 (Typed or printed name and capacity of person signing application)		

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MICHELLE FARMER INC. was filed on 11/05/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

* * *

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of May two NE thousand and ten.

First Deputy Secretary of State

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TO MAY OF MAIL TO