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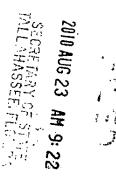
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. Shivers AUG 2 1 7000 2 5373

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: J&A Printing, Inc	·
Name of corporate	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Lori Jencks	
Name	of Person
J&A Printing, Inc	~ ~
Firm/C	Company
1155 Sherman Rd	AUG AREI
A	ddress SS N
Hiawatha, IA 52233	
City/Sta	te and Zip code
<u></u>	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Lori Jencks at (319	₎ 393-1781
	rea 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 & □ \$87.50 Filing Fee, Certified Copy □ 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.

J&A Printing, I	nc		
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting busi	iness in Florida)
lowa		3. 42-1197654	
	under the law of which it is incorporated)	(FEI number, if applicable)	
3/24/1983		5. Perpetual (Duration: Year corp. will cease to exist	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
5/1/2010			
	•	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
9308 Bay Club	Ct. Tampa, FL 33607		
	(Principal office a	address)	
1155 Sherman	Rd, Hiawatha, IA 52233		3 2 2 1
	(Current mailing a	address)	ZOLO AUG
	inter and Mail House		S
(Purpose(s	i) of corporation authorized in home state or	r country to be carried out in state of Florida)	
. Name and stree	et address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	AH 9:
Name:	NRAI Service, Inc 2731 Executive Park Driv		9: 22
Office Address:	2731 Executive Park Driv	<u>u, Su</u> ik 4	
	Weston	, Florida <u>33331</u>	
	(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.

WRAI Services, Inc.

by: Christian Eubanks, Assistant Secretary

(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 Chairman: __ Address: ___ Vice Chairman: Address: _____ Address: __ Director: Address; **B. OFFICERS** President: Scott Cadwallader Address: 7621 Towerstone Ct Cedar Rapids, IA 52411 Vice President: Address: ___ Secretary: _ Address: __ Treasurer: _

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

13. Act Cadwellade President

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

14. Scott Cadwallader, President

Address: __

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



SECRETARY OF STATE

Date: 6/11/2010

CERTIFICATE OF EXISTENCE

Name: J & A PRINTING, INC. (490 DP - 67290)

Date of Incorporation: 3/24/1983

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



MICHAEL A. MAURO

