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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: THE BLACKWELL CORPORATION Name of corporation - must include suffix	
Name of corporation - must include surfix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to regis above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
JANE M. FREEMAN Name of Person	
THE BLACKWELL CORPORATION Firm/Company	
Firm/Company	
20 WAX MYRTLE RD.	
Address	
AMELIA ISLAND FL 32034 City/State and Zip code Variefreeman Oblackwellery. Com E-mail address: (to be used for future annual report notification)	
City/State and Zip code	
Vanetreeman Oblachwellorp. com	
E-mail address: (to be used for future annual report notification)	201 7. L.
For further information concerning this matter, please call:	I FEB
Name of Person at (90H) 261.3159 Area Code & Daytime Telephone Number	18 18 18 18 18 18 18 18 18 18 18 18 18 1
Name of Person Area Code & Daytime Telephone Number	AMII: 19
STREET/COURIER ADDRESS: MAILING ADDRESS:	9 19
New Filing Section New Filing Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50	Filing Fee, eate of Status &
Certifie	ed Copy
To the filling Fee Section of Status Section of Section	
(\$1,02000)	
(*1,02000)	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCI REGISTER A FOI	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
I. THE	
(Enter name of c	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")
The f	Blackwell Corporation of Delowate.
(If name unavails	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
	under the law of which it is incorporated) 3. 54-1187107 (TAX ID #) (FEI number, if applicable)
•	
	5. PERPETUAL of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
5	OCTO BER 2 2007
·	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
. 20 W	Principal office address)
20 W	AX INYETLE RD, AMPLIA ISLAND FL 32034
	(Current mailing address)
	ROFESSIONAL SERVICES
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida)
. Name and street	TANE FREEMAN
Name:	JANE FREEMAN
Office Address:	20 WAX MYDTLE PD
	AMELIA ISLAND, Florida 32034 (Zip code)
	(City) (Zip code)
laving been name esignated in this c urther agree to co	ent's acceptance: If a registered agent and to accept service of process for the above stated corporation at the place Application, I hereby accept the appointment as registered agent and agree to act in this capacity. I The provisions of all statutes relative to the proper and complete performance of my duties, With and accept the obligations of my position as registered agent.
	Jaken. Free met. (Registered agent's signature)
	/ (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: NEAL B. FREEMAN MURTIERD 20 WAX AMELIA ISLAND FL 32034 Vice Chairman: ____/A Address: M. FREEMAN Director: JANE Address: 20 WAX Director: Address: _ **B. OFFICERS** CHAIRMAN President: _ B. FREEMAN Address: Vice President: Address: TANE **L**beeman PD AMELIA ISLAND FL 32034 Treasurer: 300 me as above. Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLACKWELL CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF

JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKWELL CORPORATION" WAS INCORPORATED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 1981.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE BEEN PAID TO DATE.

2011 FEB 18 AM II: 19

OII FEB 18 AM II: 10

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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8512472

DATE: 01-24-11

You may verify this certificate online at corp.delaware.gov/authver.shtml