F110000154

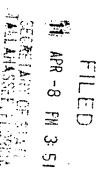
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700199467337

03/28/11--01021--015 **87.50



PS 4/11/1/23

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: DeFrances II	ation - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are subm		
Please return all correspondence concerning this m	natter to the following:		
Blaise W. Defo	e of Person		
Defrances 1	Company		
	nces prive		
	Address		
EXPORT, PA	1563Z ate and Zip code	<u></u>	
De Frances ba my. Wa E-mail address: (to be u	CC.ed() sed for future annual report no	tification)	
For further information concerning this matter, ple			
Blaise DeFrances at (72	4) 216 ~ 445) rea Code & Daytime Telephor		
Name of Person A	rea Code & Daytime Telephor	ie Number	
STREET/COURIER ADDRESS:	MAILING AD		
New Filing Section Division of Corporations		New Filing Section Division of Corporations	
Clifton Building	P.O. Box 6327	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	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	



RECEIVED

11 APR -8 PH 2: 28

SECRETAIN OF STATE
TALLAHASSEE FLORIS

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2011

BLAISE W DEFRANCES DEFRANCES, INC. 154 DEFRANCES DR EXPORT, PA 15632

SUBJECT: DEFRANCES, INC. Ref. Number: W11000018023

We have received your document for DEFRANCES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 211A00007729

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. Deflar				
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
III., Co., C	orp, me, co, or corp.			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)	
2. Pennsylv	ΔΩ1G 3	27-4033997		
	under the law of which it is incorporated)	(FEI number, if applicable)		
4 10-25-	2010 5.	Perpetual		
(Date	2010 5. of incorporation)	(Duration: Year corp. will cease to exist of	r "perpetual")	
6.	N/A			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
) F ()	`			
7. 154 Deg	CONCES DOWN Export (Principal office add	PH 15632		
	(compared to the date)	(33)		
	(Current mailing add	ress)		
	,			
8. Fitness	/Personal training	<u> </u>	-1,	
(Purpose(s) of corporation authorized in home state or co	untry to be carried out in state of Florida)		
9. Name and stree	t address of Florida registered agent: (P.O.	. Box NOT acceptable)	APR APR	
Name:	Blaise De Frances		SSET 6	FILE
Office Address:	2930 South mccall	100d, unit A		
	Englewood	, Florida 34224	数 3 3 3 5 5 5 5 5 5 5 5 5 5	
	(City)	(Zip code)	:	
10. Registered as	ent'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.

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Čhairman:			
Address:			
Vice Chairman:	·		
Address:			
Director:			
Address:			
Director:			
Address:			-
B. OFFICERS			
President: Blaise Defrances			
Address: 154 DeFrances Drive			42.124
EXPORT PA 15632			
Vice President: Blaise Defrances			
Address: 154 Defrances Drive	建 语	APR	TI
Export PA 15632	بسيع در	$\overset{1}{\infty}$	
Secretary: Blaise Defrances		PH	D
Address: EXPORT PA 15632		ယ္	
Treasurer:	7.P	2	
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directo	rs.	
13. Makso Software of Director or Officer			
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the Depthird degree felony as provided for in s.817.155, F.S.			
14. Blaise DeFrances 03-22-2011 (Typed or printed name and capacity of person signing application)			

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

APRIL 5, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DEFRANCES, INC.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



in TESTIMONY WHEREOF, have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Certification Number: 9436492-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp