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SECRETARY OF STATE FLORIDA



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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ALL PHASE INC
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
MARY L. ENGLISH  Name of Person  ALL PHASE TAK  Firm/Company
Name of Person
ALL PHASE INC
Firm/Company
Address  Houma, LA 70364  City/State and Zip code
Address
HOUMA, LA 70364
City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARY ENGLISH at (995) 790-0826  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section  Division of Corporations  New Filing Section  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 \$\ \text{Certificate of Status} \] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



February 15, 2011

MARY L. ENGLISH ALL PHASE INC 128 SUTHON AVE HOUMA, LA 70364

SUBJECT: ALL PHASE, INC Ref. Number: W11000009143

We have received your document for ALL PHASE, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 011A00003952

## 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.

ALL PI	HASE GRI e in Florida, enter al	EEN, Ir	عد			- t- m - t4-)	_
				^			)
LOUIS	IANA der the law of which	it is incorporated)	_ 3	9606	98824		_
/Pate of	3,2007 incorporation)	<u> </u>	5	ion: Year corn wi	Detucal	'nernetual")	<u> </u>
	0					proposition /	
Febal	(Date fir	rst transacted busin					_
128	SUTHON	AVE	140	UMA, LY	+ 70364	_	
		(Principal office	address)				_
128	SUTHON	AVE	HOU	MA, LA	7036x		
		(Current mailing	g address)				_
INSTA	CCATIONS  f corporation author	of Con	aters				<del>-</del>
(Purpose(s) o	f corporation author	ized in home state	or country to	be carried out in s	tate of Florida)	70	~~,4
Name and street a	<u>ıddress</u> of Florida r	egistered ågent:	(P.O. Box	NOT acceptable)		E C	
Name:	Matt 6	Bouah				SE SE	445
Name.	Matt 18 255 K	, , , , ,	10.0				1.3
ice Address:	<u> 253 R</u>	ilmer	<u>lane</u>			ي سے	H
	Winter 1	taven	. 1	Horida 338	'84 <u>.</u>	STATE OF THE STATE	TUNE PH 34
			, , ,		<del></del>	التبارات	-C-

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)

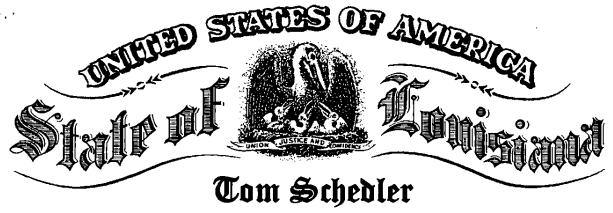
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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



## A. DIRECTORS

Chairman:	11 出版 13 PM 3: 56
Address:	SECRETATA OF STATE TALLAHASSEE FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Mary English  Address: 128 Suthon Ave.  Howma, UA 70364	
<u>-</u>	
Address:	-
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the attach an addendum to the attach an addendum to the attach and addendum to the attach an addendum to the attach and addendum to attach and adde	application listing additional officers and/or directors.
are true and that he or she is aware that false information su third degree felony as provided for in s.817.155, F.S.	ibmitted in a document to the Department of State constitutes a
14. Mary English Owne (Typed or printed name and capacity)	r 100 % ity of person signing application)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

ALL PHASE, INC.

A corporation domiciled in HOUMA, LOUISIANA,

Filed charter and qualified to do business in this State on August 13, 2007,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 29, 2010

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Certificate ID: 10127441#G6D52

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State
Web GSC

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