# F11000003617

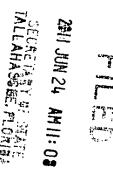
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
· <del></del>								
Special Instructions to Filing Officer:								

Office Use Only



000208868340

06/24/11--01009--021 \*\*87.50



J. SHIVERS JUN 27 2011

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Takubo North America, I	Inc.
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact businesses."	anding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Susan M. Wallace	
Name	of Person
Takubo North America, Inc.	
Firm/Co	ompany
183 Romanshorn Street	
	dress
Interlachen, FL 32148	<u> </u>
City/State admin@takubo-na.com	e and Zip code
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
Jay Wallace at ( 386	) 684-1775
· · · · · · · · · · · · · · · · · · ·	a 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 & 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Wyoming (State or country under the law of which it is incorporated)  4. May 20, 2011 (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148 (Principal office address)  183 Romanshorn St, Interlachen, FL 32148 (Current mailing address)  3. Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen (City)  (City)  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 lesignated in this application, I hereby accept the appointment as registered agent and application, I hereby accept the appointment as registered agent and application, I hereby accept the appointment as registered agent and application, I hereby accept the appointment as registered agent and application, I hereby accept the appointment as registered agent and omplete performance of my duties,			America, Inc.					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Wyoming (State or country under the law of which it is incorporated)  4. May 20, 2011 (Date of incorporation) (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148 (Principal office address)  183 Romanshorn St, Interlachen, FL 32148 (Current mailing address)  3. Sales (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street Interlachen (City)  (City)  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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	(Er	nter name of c	corporation; must include "INCORPORATI	ED,	"COMPANY," "CORPORATION,	**	_	
(State or country under the law of which it is incorporated)  May 20, 2011 (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  183 Romanshorn St, Interlachen, FL 32148 (Principal office address)  (Current mailing address)  Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen (City)  (City)  On Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	•	10., 00., 0	orp, me, co, or corp. )					
(State or country under the law of which it is incorporated)  May 20, 2011 (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  183 Romanshorn St, Interlachen, FL 32148 (Principal office address)  (Current mailing address)  Sales (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen (City)  (City)  On Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I								
(State or country under the law of which it is incorporated)  (PEI number, if applicable)  4. May 20, 2011 (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148  (Principal office address)  183 Romanshorn St, Interlachen, FL 32148  (Current mailing address)  3. Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen (City)  (City)  (City)  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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	(If	name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	business in	Florida)	
May 20, 2011 (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148  (Principal office address)  183 Romanshorn St, Interlachen, FL 32148  (Current mailing address)  3. Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Susan M. Wallace  Office Address:  183 Romanshorn Street  Interlachen  (City)  (City)  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	2. <u>W</u>	yoming		3.	45-2559717			
(Duration: Year corp. will cease to exist or "perpetual")  5. July 1st, 2011  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148  (Principal office address)  183 Romanshorn St, Interlachen, FL 32148  (Current mailing address)  Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen , Florida 32148  (City) , Florida 32148  (City)	(Sta	ate or country	under the law of which it is incorporated)		(FEI number, if applic	cable)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148 (Principal office address)  183 Romanshorn St, Interlachen, FL 32148 (Current mailing address)  8. Sales (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Susan M. Wallace  Office Address: 183 Romanshorn Street Interlachen (City), Florida 32148 (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	4. May 20, 2011			5.				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148  (Principal office address)  183 Romanshorn St, Interlachen, FL 32148  (Current mailing address)  Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen , Florida 32148  (City) , Florida 42148  (City) , Flori		(Date	e of incorporation)		(Duration: Year corp. will cease to e	exist or "per	petual")	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 183 Romanshorn St, Interlachen, FL 32148  (Principal office address)  183 Romanshorn St, Interlachen, FL 32148  (Current mailing address)  3. Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen  (City)  (City)  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	6. <u>J</u> u	uly 1st, 201			Planta (Conton as assistantian)			
(Principal office address)  183 Romanshorn St, Interlachen, FL 32148  (Current mailing address)  3. Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen (City), Florida 32148  (City)  O. 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						')		
(Principal office address)  183 Romanshorn St, Interlachen, FL 32148  (Current mailing address)  3. Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen (City), Florida 32148  (City)  O. 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	<sub>7.</sub> 18	33 Roman	nshorn St, Interlachen, FL 32	214	18			
(Current mailing address)  Sales  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen Florida (City)  (City) Florida 32148  (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	··		· · · · · · · · · · · · · · · · · · ·					
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (City) of corporation authorized in home state or country to be carried out in state or countr	18	33 Roma	nshorn St, Interlachen, FL	32	2148			
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  O. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen  (City)  (City)  O. 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			(Current mailing a	addı	ress)			
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  O. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen  (City)  (City)  O. 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	。Sa	ales						
Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen Florida 32148  (City) (City)  Office Address: 183 Romanshorn Street  Interlachen (City) Florida 32148  (Cip code)  Office Address: 183 Romanshorn Street  Place (City) (City	o. <u>-</u>		) of corporation authorized in home state or	r co	untry to be carried out in state of Flori	ida) 🛂 o	<u> </u>	
Name: Susan M. Wallace  Office Address: 183 Romanshorn Street  Interlachen Florida 32148  (City) (City)  Office Address: 183 Romanshorn Street  Interlachen (City) Florida 32148  (Cip code)  Office Address: 183 Romanshorn Street  Place (City) (City	9 Na	ame and stree	et address of Florida registered agent: ()	PΩ	Box NOT acceptable)	E L'A	, <u>**</u>	
Office Address:    183 Romanshorn Street	<i>3.</i> 110				. Box <u>1101</u> ucceptuote)	A S	δ.	77
Interlachen  (City)  (City)  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		Name:	Susan IVI. VVallace		<del></del>	AF CO	24	PATER.
(City) (Zip code) (Cip	Office	e Address:	183 Romanshorn Street			A.S.	<b>X</b>	77
(City) (Zip code) (Cip					, Florida 32148		: :	L man d
Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I			(City)		(Zip code)	<b>&gt;</b>	<b>S</b>	
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	10. R	Registered ag	gent's acceptance:					
wither agree to comply with the provisions of all statutes retaine to the proper and complete performance of my annes,	_				<u> </u>		-	•
and I am familiar with and accept the obligations of my position as registered agent.	and I	am familiar	with and accept the obligations of my	pos	ition 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 Chairman: \_\_\_\_\_\_ Address: Vice Chairman: Address: \_\_\_\_\_ Director: Susan M. Wallace Address: 183 Romanshorn Street Interlachen, FL 32148 Director: Address: \_\_\_ **B. OFFICERS** President: Susan M. Wallace Address: 183 Romanshorn Street Interlachen, FL 32148 Vice President: Address: Secretary: Treasurer: **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)

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### Takubo North America, Inc.

## is a Profit Corporation

formed or qualified under the laws of Wyoming did on **May 20, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000601895**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of June, 2011 at 12:05 PM. This certificate is assigned 010204721.



Mas Massillo
Secretary of State



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.