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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Madison/Graham ColorGraphics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED
11 OCT 11 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 OCT 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 12 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Madison/Graham ColorGraphics, 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:

Legal Dept., Cenveo Corp.

Name of Person

Madison/Graham ColorGraphics, Inc.

Firm/Company

201 Broad St.

Address

Stamford CT 06901

City/State and Zip code

Angelina Correia @ Cenveo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Correia at (203) 595-3000

Name of Person

Area 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

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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. Madison/Graham ColorGraphics, Inc.

(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. California

(State or country under the law of which it is incorporated)

3.

95-1761146

(FEI number, if applicable)

4. 04/03/1953

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing

C/O Cenvco Corp. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 Broad Street One Canterbury Green Stamford, CT 06901

C/O Cenvco Corp. (Principal office address)

201 Broad Street One Canterbury Green Stamford, CT 06901

(Current mailing address)

- 8.

Commercial Printing Services

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

Connie Bryan

By:

Connie Bryan
(Registered agent's signature)

Assistant Secretary

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.

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

A. DIRECTORS

Chairman: Robert G. Burton, Sr.

Address: 201 Broad Street, One Canterbury Green Stamford, CT 06901

~~Vice Chairman:~~ Director Mark S. Hiltwein

Address: 201 Broad Street, One Canterbury Green Stamford, CT 06901

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert G. Burton, Sr., CEO

Address: 201 Broad Street, One Canterbury Green Stamford, CT 06901

Vice President: _____

Address: _____

Secretary: Linda J. Austin

Address: 201 Broad Street One, Canterbury Green Stamford, CT 06901

~~Treasurer:~~ CFO Mark S. Hiltwein, CFO

Address: 201 Broad Street, One Canterbury Green, Stamford, CT 06901

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

13. _____

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.

14. Linda J. Austin, Secretary

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

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TALLAHASSEE FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

MADISON/GRAHAM COLORGRAPHICS, INC.

FILE NUMBER: C0272847
FORMATION DATE: 04/03/1953
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

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I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 04, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State