# F11000004904

(Re	questor's Name)	<u>,</u>		
(Address)				
(Address)				
(City	y/State/Zip/Phone	- #)		
	WAIT			
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			

Office Use Only



500214890395

12/07/11--01016--015 \*\*87.50

## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Mabrelia, 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:				
Jeffrey Ihm				
Name of Person				
Mabrelia, Inc.				
Firm/Company				
3673 Exchange Avenue				
Address				
Naples, FL 34104				
City/State and Zip code				
jeff@mabrelia.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jeff Ihm at ( 239 ) 537-7965				
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 \$\ \text{Certificate of Status} \text{\$\sum_{\text{S78.75}} \text{Filing Fee & Certified Copy} \text{\$\sum_{\text{S87.50}} \text{Filing Fee, Certified Copy} \text{\$\sum_{\text{Certified Copy}} \text{\$\sum_{\text{Certified Certified Copy}} \$\sum_{\text{Certified Certified Certified Certified Ce				

## 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.

<ol> <li>Mabrelia, Inc.</li> </ol>	<u> </u>			
	orporation; must include "INCORPORAT	D," "COMP	ANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate na	ne adopted fo	or the purpose of transacting business	in Florida)
2. Connecticut		<sub>3.</sub> 27244	5360	
	under the law of which it is incorporated)	3. <u>21244</u>	(FEI number, if applicable)	
4. October 17,		5. perpet		199
(Date	of incorporation)	(Duratio	n: Year corp. will cease to exist or "	perpetual")
6. October 18,	2011			
	(Date first transacted busine		· ·	
	(SEE SECTIONS 607.1501 & 60	7.1502, F.S., 1	to determine penalty liability)	
7. 3673 Excha	ange Avenue, Naples FL 34	104		
	(Principal office			<del></del>
6 Landmai	rk Square, Stamford, CT 0	6901		
0 2011011101	(Current mailing			
	· ·	,		
。business o	consulting services			
~	a) of corporation authorized in home state (	r country to b	e carried out in state of Florida)	
	,	•		
9. Name and stree	et address of Florida registered agent:	P.O. Box <u>N</u>	OT_acceptable)	
Name:	Kerri Ihm			
1 valle.				
Office Address:	7661 San Sebastian Way	<del></del>		
	Naples	EI	orido 34109	
	(City)	, r	orida 34109 (Zip code)	
	(0.9)			
	gent's acceptance:			
	ed as registered agent and to accept so application, I hereby accept the appo			
	application, I nereby accept the appo omply with the provisions of all statut			
	with and accept the obligations of my			
•	1/ 1/	-		
	Wille C. Shin			
<del></del>	(Registered agent's signat	re)		

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:
Address:
Director:
Address:
B. OFFICERS
President: Michael Thommas
Address: 3673 Exchange Avenue, Naples FL 34104
Vice President: Jeffrey Ihm
Address: 3673 Exchange Ave, Naples, FL 34104
Secretary: Jeffrey Ihm
Address: 3673 Exchange Ave, Naples, FL 34104
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Coffyell
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.
Inffrage lbm

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

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

#### MABRELIA, INC.

a domestic STOCK corporation, was filed in this office on October 17, 2007, a certificate of dissolution has not been filed, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: December 02, 2011

Business ID: 0916007 Express Certificate Number: 2011294082001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov