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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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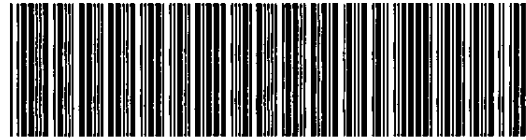
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers DEC 13 2011

W11-58127

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: POSTSCRIPT VENTURES, 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," 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:

A. TAHKA, PRESIDENT
(Name of Person)

POSTSCRIPT VENTURES, INC.
(Firm/Company)

226 A. ST. JOE PLAZA DRIVE, #143
(Address)

PALM COAST, FLORIDA 32164
(City/State and Zip code)

For further information concerning this matter, please call:

A. TAHKA at (386) 283-5638
(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. POSTSCRIPT VENTURES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

P. S. FLORIDA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

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

3. FIN # 13-3413634

(FEI number, if applicable)

4. JUNE 26, 1987

(Date of incorporation)

5. PERPETUAL

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

6. EFFECTIVE IMMEDIATELY

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 226A. ST. JOE PLAZA DRIVE, PALM COAST, FL 32164

(Principal office address)

226A. ST. JOE PLAZA DRIVE, PALM COAST, FL 32164

(Current mailing address)

PER THE DELAWARE CERTIFICATE OF INCORPORATION: "THE PURPOSE OF THE CORPORATION
IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE
ORGANIZED UNDER THE GENERAL CORPORATION LAW

8..

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301

(City)

(Zip code)

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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.



Asst. Sec. - NRAI Services, Inc.

(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.

A. DIRECTORS.

Chairman: NONE

Address: _____

Vice Chairman: NONE

Address: _____

SOLE Director: A. TAHKA, SOLE DIRECTOR

Address: 226A. ST. JOE PLAZA DRIVE, #143, PALM COAST,
FLORIDA, 32164

Director: N/A

Address: _____

B. OFFICERS

President: A. TAHKA

Address: 226A. ST. JOE PLAZA DRIVE, #143, PALM COAST,
FLORIDA, 32164

Vice President: NONE

Address: _____

Secretary: NONE

Address: _____

Treasurer: NONE

Address: _____

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

13. for POSTSCRIPT VENTURES, INC. *A. Tahka*
(Signature of Director or Officer listed in number 12 of the application)

14. A. TAHKA, PRESIDENT OF POSTSCRIPT VENTURES, INC.
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POSTSCRIPT VENTURES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POSTSCRIPT VENTURES, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 1987.

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TALLAHASSEE, FLORIDA



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A handwritten signature of Jeffrey W. Bullock in black ink.
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9152715

DATE: 11-14-11