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2011 DEC 22 AM 10: 40
SECRETARY OF SEATE
TALLAHASSEE, FLORIGE

J. Shivers DEC 2 7 2011

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Dimensional Graphics Corp  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:  Michelle Thorson
Dimensional Graphics Corp
325 N Jackson Ave
Mason City, TA 50401  City/State and Zip code
mthorson Cdimensional group. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  A The December 10.2 Costs and Costs are concerning this matter, please call:
Michelle Thorson at (M) 43-8931 R Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(State or country under the law of which it is incorporated)  (Date of incorporation)  (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)  325 N Jackson Ave Mason City TA 50401  (Principal office address)  335 N Jackson Ave Mason City TA 50401  (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: Carolyn Gold  Office Address: 535 Cheval Drive  Vinice Address: 535 Cheval Drive  Office Address: 535 Cheval	(If name unavailable)	le in Florida, enter alternate co	orporate name ad	opted for the pu	irpose of transac	cting business i	n Florida)
(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)  325 N Jauctson Ave Mason City IA 50401  (Principal office address)  325 N Jauctson Ave Mason City IA 50401  (Principal office address)  (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: Carolyn Gold  ffice Address: 535 Cheval Drive  (City)  (City)  (City)  (Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the posignated in this application. I hereby accept the appointment as registered agent and agree to act in this capac			orporated)	$\frac{1}{\sqrt{1000}}$	EI number, if a	ipplicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  325 N Jackson Ave Mason CHy TA 50401  (Principal office address)  325 N Jackson Ave Mason CHy TA 50401  (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: Carolyn Gold  ffice Address: 535 Cheval Dnve  City Florida 344292  (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application. I hereby accept the appointment as registered agent and agree to act in this capac	1/20	11987	5.	Perpe	tual		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  325 N Jauceson Ave Mason Crty IA 50401  (Principal office address)  325 N Jauceson Ave Mason Crty IA 50401  (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 and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Carolyn Gold  Florida 34292  (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	(Date of	incorporation)		Duration: Year	corp. will ceas	e to exist or "pe	erpetual")
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  325 N Jackson Ave Mason Crty IA 50401  (Principal office address)  325 N Jackson Ave Mason Crty IA 50401  (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 and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Carolyn Gold  Fine Address:  Sales  (City)  Florida 3+292  (City)  Registered agent's acceptance:  The above stated corporation at the posignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.				·····		·	
(Principal office address)    325 N Jackson Ave Mason Chy TA 5040    (Current mailing address)    Sales						bility)	
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:  Carolyn Gold  Tice Address:  535 Cheval Drive  (City)  Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the posignated in this application, I hereby accept the appointment as registered agent and agree to act in this capace	325 1	V Jaucson Ar	ve N	Nason Cr	ty IA	50401	_
(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: Carolyn Gold  Fice Address: 535 Cheval Drive  (City), Florida 34393  (Zip code)  Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the posignated in this application, I hereby accept the appointment as registered agent and agree to act in this capace	<b>.</b>	· `Λ	•			1	
(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: Carolyn Gold  Fice Address: 535 Cheval Drive  (City), Florida 34292  (City), Florida 34292  (City)  Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the posignated in this application, I hereby accept the appointment as registered agent and agree to act in this capace	<u>325 N</u>				ty IA	50401	
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Fice Address: 535 Cheval Drive , Florida 34292 (City) , Florida (Zip code)	Name and street a	uddress of Florida registere	d agent: (P.O. I	Box <u>NOT</u> acc	eptable)	ITA.	
ffice Address: 535 Cheval Drive Vinice & State City), Florida 34292 (Zip code)  Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the posignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	Namer	Carolin 6	n Sold			SE	22
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(City) (Zip code)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the passignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	fice Address:	JUS Cheval	Drive	<del>_</del>	<b>4</b> .	CO.	<u>ੂੰ</u> ਲੋ
(City) (Zip code)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the posignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	<u></u>	Venice Res 3	<b>A</b>	, Florida	34292	_ 125 7	‡ <b>€</b>
iving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac		(City)			(Zip code)		
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	. Registered ager	it's acceptance:					
d I am familiar with and accept the obligations of my position as registered agent.						<b>,,</b>	
		7 1	, ,				
(101.1) 410		//24.1	410				

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: Taw M. Gold	
Address: 535 Cheval Drive	
Venice, FL 34592	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Adam 5. Gold	
Address: 180 Pebble Creek Drive	7 SEC. 2011
Mason City, IA 50401	
Vice President:	SSEE
Address:	77
Address.	
Samuel Terreman R / Atlanta	
Address: 345 Woodbine Rd Mason City Ja 50401	
Note on E / 11	
Address: 180 Petable Creek Drive Moson City IA 50	401
	101
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	l/or directors.
13. Signature of Director or Officer	
The efficer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department.	
third degree felony as provided for in s.817.155, F.S.	Of Diane Constitution of
14. Jeremy Latham, Decretary	
(Typed or printed name and capacity of person signing application)	

## IOWA SECRETARY OF STATE MATT SCHULTZ



#### **Certificate Validation**

The following certificate was issued by the lowa Secretary of State:

Certificate ID: CS61528 Validation Date: 12/21/2011

Date: 12/21/2011

#### CERTIFICATE OF EXISTENCE

Name: DIMENSIONAL GRAPHICS CORPORATION (490 DP - 113230)

Date of Incorporation: 1/20/1987

**Duration: PERPETUAL** 

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3ECRETARY SECRETARY
TALLAHASSEE EL CATE

281 272

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Matt Schultz Iowa Secretary of State