

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name : NORTHWEST REGITERED AGENT LLC

Account Number : I20090000081

Phone : (509)768-2249

Fax Number : (866)543-4731 annual report mailings. Enter only one email address please. **

FOREIGN PROFIT/NONPROFIT CORPORATION

Ornarsi, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

T. Supplies YEL 90 SOLS

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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.

me., co., c	отр," "Inc," "Co," or "Согр.")	7			
(If name unavaila	able in Florida, enter alternate corp	orate name ado	pted for the purpose of transacting busin	ess in Florida)	
(State or country	under the law of which it is incorp-	orated)	(FEI number; if applicable)		
November 24,			rpetual		
·· 	of incorporation)		Duration: Year corp. will cease to exist o	r "perpetual")	
6.					
·			orida, if prior to registration)		
	•	01 & 607.1502,	F.S., to determine penalty liability)		
7. 1901 1st Ave Sı	uite 400 San Diego, CA 92101				
	(Principa	al office address)		
3132 Marble Cr	rest Drive Land O Lakes, FL 34				
	(Current	mailing address	3)		
Annual Cales				D _C N	2
8. Apparel Sales (Purpose(s	s) of corporation authorized in hou	e state or count	rry to be carried out in state of Florida)	- [5]	
	-			OKE INNY	
9. Name and stree	et address of Florida registered a	agent: (P.O. E	ox NOT acceptable)	188 72 74 74	er kr
Name:	Northwest Registered Agent	LLC	_	EE-C	ڻ ت-:
Office Address:	3111 W. Dr. MLK Blvd., STE	100-B180		AM WE	ر. و
Office Address.			_		فخر
	Tampa (City)	· · · · · · · · · · · · · · · · · · ·	, Florida 33607 (Zip code)	D	
	(City)		(Zip code)		
	gent's acceptance:				
10. Registered at			of process for the above statea corpo	ration at the pl	
Having been nam	ed as registered agent and to a			ct in this capaci	av. I
Having been nam designated in this further agree to c	ned as registered agent and to a application, I hereby accept the comply with the provisions of al	ve appointmen Il statutes rela	it as registered agent and agree to active to the proper and complete perfe	ct in this capaci formance of my	ity. I duties
Having been nam designated in this further agree to c	ed as registered agent and to a application, I hereby accept the	ve appointmen Il statutes rela	it as registered agent and agree to active to the proper and complete perfe	ct in this capaci formance of my	ty. I duties
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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: Sean Christian	
Address: 3111 Marble Crest Drive Land O Lakes, FL 34638-6075	
Vice Chairman: Kevin Lynch	
Address: 4741 Santa Cruz Avenue #1 San Diego, CA 92107	
Director: Sean Dutka	
Address: 3132 Marble Crest Drive Land O Lakes, FL 34638-6075	
Director:	<u> </u>
Address:	
B. OFFICERS	
President: Sean Christian	·
Address: 3111 Marble Crest Drive Land O Lakes, FL 34638-6075	-
	SEC ALL
Vice President:	APR CI
Address:	SSE 27
, 144, 550	
Secretary: Kevin Lynch	0
Address: 4741 Santa Cruz Avenue #1 San Diego, CA 92107	25
Treasurer: Sean Dutka	
Address: 3132 Marble Crest Drive Land O Lakes, FL 34638-6075	
NOTE: If necessary, you may attach an addendum to the application listing additional of	
(Signature of Director or Officer listed in number 12 of the applica	tion)
14. Kevin Lynch Secretary	
(Typed or printed name and capacity of person signing application	on)

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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,

Ornarsi, Inc.

is a Profit Corporation

formed or qualified under the laws of Wyoming did on **November 24, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000593035**.

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 27th day of April, 2012 at 10:04 AM. This certificate is assigned 011987530.



Maj Maffield Secretary of State

> 2012 APR 27 AM UP: 110 SECONDIARY OF PISSE

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.