

F12000002090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500234977665

05/16/12--01010--030 **87.50

FILED

12 MAY 16 AM 10:45

SECRETARY OF STATE

114

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MICRO FILINGS, 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:

Derrick Knight

Name of Person

Micro Filings, Inc

Firm/Company

2505 Thonotosassa Rd, Suite 183

Address

Plant City, FL 33563

City/State and Zip code

dknight@microfilings.com

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

For further information concerning this matter, please call:

Derrick Knight

Name of Person

at (813) 703-6290

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

**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. MICRO FILINGS, 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. Wyoming

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

3. _____

(FEI number, if applicable)

4. 11/15/2007

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 2505 Thonotosassa Rd Suite 183, Plant City FL 33563

(Principal office address)

2505 Thonotosassa Rd Suite 183, Plant City FL 33563

(Current mailing address)

8. Any Legal Purpose

(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: InCorp Services, Inc

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida 33470

(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.

Paul Jensen on behalf of InCorp 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.

FILED
12 MAY 16 AM 10:45
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Derrick Knight

Address: 2505 Thonotosassa Rd, Ste 183
Plant City, FL 33563

FILED

12 MAY 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Derrick Knight

Address: 2505 Thonotosassa Rd, Ste 183
Plant City, FL 33563

Vice President: _____

Address: _____

Secretary: Derrick Knight

Address: 2505 Thonotosassa Rd Ste 183, Plant City FL 33563

Treasurer: Derrick Knight

Address: 2505 Thonotosassa Rd Ste 183, Plant City FL 33563

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. Derrick Knight, President Micro Filings, Inc

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

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } ss.

FILED
12 MAY 16 AM 10:45
SECRETARY OF STATE
FALLS, WYOMING

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that

MICRO FILINGS, INC.

a corporation originally organized under the laws of **Montana** on **November 15, 2007**, and there after domesticated into the state of Wyoming, did on **April 12, 2012**, complete all filings required of a domesticating corporation to qualify under the corporation laws of the state of Wyoming and is in good standing as of the date of this certificate.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 4th day of May A.D., 2012.



Max Maxfield

Secretary of State

By *Chika Key*
