# F/2008083868

| (F                     | Requestor's Name)       |      |
|------------------------|-------------------------|------|
| (/                     | Address)                |      |
| (/                     | Address)                |      |
| ((                     | City/State/Zip/Phone #) |      |
| PICK-UP                | WAIT [                  | MAIL |
| (E                     | Business Entity Name)   |      |
| ([                     | Document Number)        |      |
| Certified Copies       | Certificates of Sta     | tus  |
| Special Instructions t | o Filing Officer:       |      |
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|                        |                         |      |
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Office Use Only



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12 JUL 23 RM 3: 41
SECRETARY OF STATE ALLAHASSEE FLORIDA

MRD 1/2

#### **COVER LETTER**

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: COURAGE CRAFTERS 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:  |
| ANDREA WALTZ   |
| Name of Person   |
| COURAGE CRAFTERS INC   |
| Firm/Company   |
| 55 W CHURCH STREET #2206   |
| Address  |
| ORLANDO, FL 32801  |
| City/State and Zip code  |
| ANDREA@GOFORNO.COM  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| ANDREW WALTZ   |
| ANDREW WALTZ at (800 ) 290-5028  Name of Person Area Code & Daytime Telephone Number   |
| Thea coac a Baytime Telephone Mambel   |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301  |
| Enclosed is a check for the following amount:  |
| \$70.00 Filing Fee \$\times \text{Certified Copy}  \text{S78.75 Filing Fee & Certified Copy}  \text{S87.50 Filing Fee, Certified Copy}  \text{Certified Copy}  \text{Certified Copy}  \text{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.

|  | •  | adopted for the purpose of transacting business in Flori  |
|--|--|---|
| WASHINGT   | ON, US under the law of which it is incorporated)                                      | 02-0794109 (FEI number, if applicable)  |
| •  | • ,  |   |
| 12/21/2006<br>(Date                                    | 5. e of incorporation)   | PERPETUAL  (Duration: Year corp. will cease to exist or "perpetua                                       |
| 07/16/2012   | •  |   |
|  | (Date first transacted business in   | Florida, if prior to registration) 02, F.S., to determine penalty liability)                            |
| 55 W CHU   | RCH STREET #2206, ORLANI   |   |
| <del>55 W 0110</del>                                   | (Principal office addr   |   |
| 55 W CHI   | JRCH STREET #2206, ORLA  | NDO EL 32801  |
|  | (Current mailing addr  | <u> </u>  |
|  |  |   |
| ANY AND  | ALL LAWFUL BUSINESS  |   |
| (Purpose(  | s) of corporation authorized in home state or co                                       | untry to be carried out in state of Florida)  |
| Name and stree   | et address of Florida registered agent: (P.O.  | . Box NOT acceptable)   |
| Name:  | ANDREA WALTZ   | Box NOT acceptable)  , Florida 32801  (Zip code)  |
| fice Address:  | 55 W CHURCH STREET #2206   |   |
|  | ORLANDO  | , Florida 32801   |
|  | (City)   | (Zip code)  |
|  | gent's acceptance:   | <b>ं</b><br>प   |
| Registered as  | som a moochemier.  |   |
| . Registered a   | ed as registered agent and to accept service   | e of process for the above stated cornoration at the  |
| iving been nam   | ed as registered agent and to accept servic application. I hereby accept the appointm  |   |
| ving been nam<br>signated in this                      | application, I hereby accept the appointm  | ent as registered agent and agree to act in this ca   |
| iving been nam<br>signated in this<br>rther agree to c | application, I hereby accept the appointm  | ent as registered ayent and agree to act in this ca<br>lative to the proper and complete performance of |
| iving been nam<br>signated in this<br>rther agree to c | application, I hereby accept the appointm omply with the provisions of all statutes re | ent as registered ayent and agree to act in this ca<br>lative to the proper and complete performance of |
| iving been nam<br>signated in this<br>rther agree to c | application, I hereby accept the appointm omply with the provisions of all statutes re | ent as registered ayent and agree to act in this ca<br>lative to the proper and complete performance of |
| iving been nam<br>signated in this<br>other agree to c | application, I hereby accept the appointm omply with the provisions of all statutes re | ent as registered ayent and agree to act in this ca<br>lative to the proper and complete performance of |

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. Names and business addresses of officers and/or directors: A. DIRECTORS 12 JUL 23 M 3 41 Chairman: Vice Chairman: Address: \_\_\_ Director: \_\_ **B. OFFICERS** President: RICHARD FENTON Address: 55 W CHURCH STREET #2206 ORLANDO, FL 32801 Vice President: Secretary: ANDREA WALTZ Address: 55 W CHURCH STREET, ORLANDO, FL 32801 Treasurer: Address: NOTE: If necessary, you may attach an addepdum to the application listing additional officers and/or directors. 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. ANDREA WALTZ, SECRETARY

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



### Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF COURAGE CRAFTERS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/21/2006.

I FURTHER CERTIFY that as of the date of this certificate, COURAGE CRAFTERS, INC. remains active and has complied with the filing requirements of this office.

Date: July 10, 2012

UBI: 602-678-922

Given under my hand and the Seal of the state of Washington at Olympia, the State Capital

- XXXX

Sam Reed, Secretary of State

