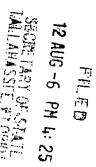
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



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Office Use Only

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8-7-12

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Concierge For You, 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:
J. Bryan Nugen
Name of Person
Concierge For You, Inc.
Firm/Company
PO Box 6068 Auburn IN 46706
Address
Auburn IN 46706
City/State and Zip code
bryan@nugenlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
J. Bryan Nugen at (260) 925-3738
J. Bryan Nugen at (260) 925-3738 Name of Person Area Code & Daytime Telephone Number
1 1 0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0
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 \$\ \text{Certificate of Status} \text{\$\subseteq \text{\$\text{Certified Copy}} \text{\$\text{Certified Copy} \$\text

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

	or You, Inc. corporation; must include "INCORPORATE	D."	"COMPANY" "CORRORATION"	200 d	2	
	Corp.," "Inc.," "Co.," or "Corp.")	υ,	COMPANY, CORPORATION,	(1) (1) ± (P :::	77 (3)
					1:2	
(If name unavai	lable in Florida, enter alternate corporate nan	ne a	donted for the nurrose of transacting but	cinecs in F	Ch	<u></u>
ndiana	•			3111033 111 1	ioriaa	,
-·	under the law of which it is incorporated)	3	43-3721500 (FEI number, if applicable	le)		_
4. October 🕽	6,2011	5	Perpetual			
(Date	e of incorporation)	٠	(Duration: Year corp. will cease to exis	t or "perp	etual")	_
s. <u>N/A - no bu</u>	siness transacted as of date of a	app	lication			<u></u>
	•		Florida, if prior to registration) 22, F.S., to determine penalty liability)			
- 221 South	Main Street, Auburn IN 4670					
/. <u>221 Oodiii</u>	(Principal office a		ess)			
PO Box 60	068, Auburn IN 46706					
. 0 20% 0.	, , , , , , , , , , , , , , , , , ,					
	(Current mailing a	ddre	ess)			
	(Current mailing a		,			
3. Home Car		ge	ncy			
Home Car	(Current mailing a composed on the composed of	ge cou	NCY untry to be carried out in state of Florida))		
Home Car (Purpose) Name and stre	(Current mailing a composite the Care Age of Corporation authorized in home state or et address of Florida registered agent: (P	ge cou	NCY untry to be carried out in state of Florida)	,		
Home Car	(Current mailing and Current Mailing and Curre	ge cou	NCY untry to be carried out in state of Florida))		-
Home Car (Purpose((Current mailing a composite the Care Age of Corporation authorized in home state or et address of Florida registered agent: (P	ge cou	ncy Intry to be carried out in state of Florida) Box NOT acceptable))		_
Home Car (Purpose) Name and stre Name:	(Current mailing and the Care Age of Corporation authorized in home state or et address of Florida registered agent: (Page 15. Bryan Nugen 16. Street 16. Miami Shores	ge cou	ncy Intry to be carried out in state of Florida) Box NOT acceptable) , Florida 33138)		
Home Car (Purpose) Name and stre Name:	(Current mailing and Current Mailing and Curre	ge cou	ncy Intry to be carried out in state of Florida) Box NOT acceptable)			_
Purpose(Purpose(Name and stre Name: Office Address:	(Current mailing and the Care Age of Corporation authorized in home state or et address of Florida registered agent: (Page 15. Bryan Nugen 16. Street 16. Miami Shores	ge .cou	ncy Intry to be carried out in state of Florida) Box NOT acceptable) , Florida 33138 (Zip code)			

(Registered agent's signature)

11. Attached is a conflicate 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	£ 73	وأبيار
Chairman: J. Bryan Nugen	ALUG	
Address: 375 NE 99th Street	7	
Miami Shores, FL 33138	# # ;	3
Vice Chairman: J. Bryan Nugen	4: 2:	
Address: 375 NE 99th Street		
Miami Shores, FL 33138		
Director: J. Bryan Nugen		
Address: 375 NE 99th Street		
Miami Shores, FL 33138		
Director: J. Bryan Nugen		
Address: 375 NE 99th Street		
Miami Shores, FL 33138		. <u>. </u>
B. OFFICERS		
President: J. Bryan Nugen		
Address: 375 NE 99th Street		
Miami Shores, FL 33138		
Vice President: J. Bryan Nugen		
Address: 375 NE 99th Street		
Miami Shores, FL 33138	 	
Secretary: J. Bryan Nugen		
Address: 375 NE 99th Street Miami Shores FL 33138		
Treasurer: J. Bryan Nugen		
Address: 375 NE 99th Street Miami Shores FL 33138		
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 fa are true and that he or sho is aware that false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.		
14. J. Bryan Nugen, President/CEO		

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

PILED

12 AUG -6 PH U: 25

SEUNCIAN ONLE CO

To Whom These Presents Come, Greetings:

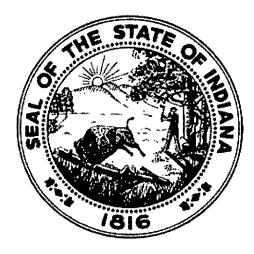
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

CONCIERGE FOR YOU, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 26, 2011, and was in existence or authorized to transact business in the State of Indiana on August 02, 2012.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of August, 2012.

Corrie Lawson

Connie Lawson, Secretary of State

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