

F12000004203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

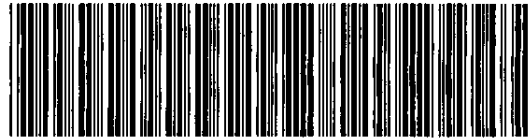
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

10/16/12
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COVER LETTER

TO: New Filing Section
Fit Pix Corp.
Division of Corporations

SUBJECT: Fit Pix 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.

Chris Bailey correspondence concerning this matter to the following:

Fit Pix

Chris Bailey
Name of Person

803 Spencer Ave

Fit Pix
Firm/Company

Columbia, MO 65203

Address

crispy@dojo-photo.com

City/State and Zip code

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

For further information concerning this matter, please call:

Chris Bailey

307 222-8183

at ()

Name of Person

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. Fit Pix Corp

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Fit Pics

Wyoming

Fit Pics

45-4245019

45-4245019

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. 12/09/2011

3. perpetual (FEI number, if applicable)

4. 09/01/2012

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

6. 9-1-2012

(Date first transacted business in Florida, if prior to registration)

2120 Carey Ave Cheyenne, WY 82001

7. 2120 Carey Ave Cheyenne, WY 82001

803 Spencer Ave Columbia, MO 65203

803 Spencer Ave Columbia, MO 65203

(Current mailing address)

Photography

8. (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)

NRAI Services, Inc.

Name:

515 East Park Ave.

Office Address:

Tallahassee

(City)

Florida

32301

(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.

NRAI Services, Inc.

By: Matt Thompson

Matt Thompson, Assistant Secretary

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Chris Bailey

President: **803 Spencer Ave Columbia, MO 65203**

Address: _____

Michael Pabst

Vice President: **807 Spencer Ave Columbia, MO 65203**

Address: _____

Chris Bailey

Secretary: **803 Spencer Ave Columbia, MO 65203**

Address: _____

Chris Bailey

Treasurer: **803 Spencer Ave Columbia, MO 65203**

Address: _____

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.

Chris Bailey

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

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12 OCT 15 PM 4:15
TALLAHASSEE
SECRETARY OF STATE

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,

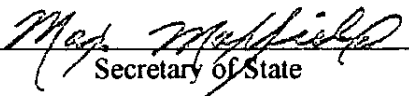
Fit Pix
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **December 9, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000612834**.

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 4th day of October, 2012 at 10:57 AM. This certificate is assigned 012707519.




Secretary of State

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.