# F12000004269

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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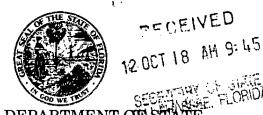
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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Capital Bingo Inc.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to above referenced foreign corporation to transact business in Florida.	ess in Florida," o register the
Please return all correspondence concerning this matter to the following:	
Cammie Warburton	
Name of Person	
Corporate Direct, Inc.	
Firm/Company	
2248 Meridian Blvd., Suite H	
Address	
Minden, NV 89423	
City/State and Zip code	
cammie@sutlaw.com	
E-mail address: (to be used for future annual report notificati	on)
For further information concerning this matter, please call:	<b>7</b>
Commis Warhunton 775 004 7400	SE SE SE ME NO 21
Cammie Warburton at (775) 284-7162  Name of Person Area Code & Daytime Telephone Num	
Name of Person Area Code & Daytime Telephone Nun	<b>∺</b> ~
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING ADDRES  New Filing Section  Division of Corporation  P.O. Box 6327  Tallahassee, FL 32314	ons S
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	37.50 Filing Fee, entificate of Status &



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2012

CAMMIE WARBURTON 2248 MERIDIAN BLVD. SUITE H MINDEN, NV 89423

SUBJECT: CAPITAL BINGO, INC. Ref. Number: W12000051826

We have received your document for CAPITAL BINGO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A brief description of the entity's nature of business must be included in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 312A00024992

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SEAN IN THE STATE

www.sunbiz.org

Corrected page attacked.

## 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.

(** *******	able in Florida, enter alternate corp	orate name adopted for the purpose of transacting bus	iness in Florida)	
2. Wyoming		3. <u>26-0163452</u>		
(State or country	under the law of which it is incorp	orated) (FEI number, if applicable	<b>e</b> )	
4. May 8, 200		5. Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
6. October 15,				
		l business in Florida, if prior to registration) 11 & 607.1502, F.S., to determine penalty liability)		
<sub>7.</sub> 60 East Sir	npson Ave.	Jackson, WY 83001		
		office address)		
PO Box 28	869, Jackson, WY 83	001		
	(Current	nailing address)		
Caada an				<u>~</u>
	d services related to b	ngo e state or country to be carried out in state of Florida)	0CT	); );
	•	·	. 3	<u> </u>
9. Name and stree	et address of Florida registered a	gent: (P.O. Box <u>NOT</u> acceptable)	- B	7. F
Name:	Gerri Detweiler	<del></del>	<b>P</b> 3	
Office Address:	1037 Greystone Lane		<del>.</del> 7	5 <u>63</u>
omeo madiess.	Sarasota		<u> </u>	詞
	(City)	, Florida 34232 (Zip code)	៶ឨ	迈
		(E.P 0000)		
10 Registered a	gent's acceptance:	ecept service of process for the above stated corp	poration at the place	n.a
	eu as revisiereu aveni ana io a			
Having been nam designated in this	application, I hereby accept th	e appointment as registered agent and agree to a		
Having been nam designated in this further agree to c	application, I hereby accept the omply with the provisions of all	e appointment as registered agent and agree to a statutes relative to the proper and complete per s of my position as registered agent.		

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Nathan FreeIs 12 OCT 18 PM 1: 13 Address: PO Box 2869 Jackson, WY 83001 Vice Chairman: Address: Director: Nathan FreeIs Address: PO Box 2869 Jackson, WY 83001 Director: John Wohlfarth Address: PO Box 2869 Jackson, WY 83001 **B. OFFICERS** President: Nathan FreeIs Address: PO Box 2869 Jackson, WY 83001 Vice President: Address: \_ Secretary: Nathan FreeIs Address: PO Box 2869, Jackson, WY 83001 Treasurer: John Wohlfarth Address: PO Box 2869, Jackson, WY 83001 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 ligning 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. John Wohlfarth, Treasurer

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

## 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,

#### CAPITAL BINGO INC.

is a **Profit Corporation** 

formed or qualified under the laws of Wyoming did on **May 8, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000537630**.

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 3rd day of October, 2012 at 11:32 AM. This certificate is assigned 012702013.



Max Massiello
Secretary of State

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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.