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•	
(Requestor's Name)	
(Address)	
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PICK-UP . WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	Filing Section on of Corporations	
SUBJECT:	Peachfuzz, Inc.	
	Name of corporation - mu	st include suffix
Dear Sir or Ma	ıdam:	
"Certificate of	'Application by Foreign Corporation for Auth Existence," or "Certificate of Good Standing' ed foreign corporation to transact business in	' and check are submitted to register the
Please return a	Il correspondence concerning this matter to th	e following:
J. Winder	Hughes, III	
	Name of Person	on
Peachfuz	z, Inc.	
	Firm/Company	,
P.O. Box	389	
	Address	
Ponte Ved	dra Beach, FL 32004	
	City/State and Z	p code
hughescap	@comcast.net	
	E-mail address: (to be used for fu	ture annual report notification)
For further info	formation concerning this matter, please call:	
J. Winder	Hughes, III at (904) 6	12-4452
Name		& Daytime Telephone Number
New F Divisio Cliftor 2661 F	ET/COURIER ADDRESS: Filing Section on of Corporations Building Executive Center Circle assee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a c	check for the following amount:	
1 \$20.00 Fi	ling Fee \$78.75 Filing Fee & \$78.75 Certificate of Status	8.75 Filing Fee & San



November 7, 2012

J. WINDER HUGHES, III PO BOX 389 PONTE VEDRA BEACH, FL 32004

SUBJECT: PEACHFUZZ, INC. Ref. Number: W12000056583

We have received your document for PEACHFUZZ, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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.

Letter Number: 112A00027094

Tim Burch Regulatory Specialist II

www.sunbiz.org

District of Company in a DO DOV 6997 Tollahagaa Florida 9991

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.

, Peachfuz	z, Inc.	_
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
_{2.} Delaware		45-5288012
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)
4 05/11/12	• '	perpetual
·· — — — — — — — — — — — — — — — — — —	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6, 05/11/12		
·,		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
818 Δ1 Δ N	North, Third Floor, Ponte	
7.010 AIA I	(Principal office ad	
PO Box 3	889; Ponte Vedra Beach, F	ŕ
1.0. 50%	(Current mailing ad	
·		r which corporations may be organized.
(Purpose(s)	of corporation authorized in home state or c	ountry to be carried out in state of Florida)
9: Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	John Winder Hughes, II	I
Office Address:	818 A1A North	Suite 300
	Ponte Vedra Beach	, Florida 32082
	(City)	(Zip code)
Having been name designated in this further agree to co	application, I hereby accept the appoin	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent.
		711//

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: J. Winder Hughes, 111
Address: P.O. Box 389
Ponte Vedra Beach FL 32004
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: J. Winder Hughes, III
Address: P.O. Box 389
Ponte Vedra Beach, FL 32004
Vice President:
Address:
,
Secretary:
Address:
Treasurer:
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.

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PEACHFUZZ, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF

OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEACHFUZZ, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5153253 8300

121165151

AUTHENTY CATION: 9943068

DATE: 10-25-12

You may verify this certificate online at corp.delaware.gov/authver.shtml