

F13000005074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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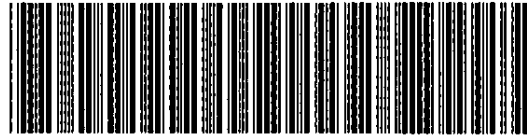
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MIXED MEDIA, INCORPORATED  
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:

JULIE MALIEPAARD

Name of Person

MIXED MEDIA, INCORPORATED

Firm/Company

1070 LAUREL ROAD EAST, #227

Address

NOKOMIS, FL 34275

City/State and Zip code

juliemaliepaard@gmail.com

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

For further information concerning this matter, please call:

JULIE MALIEPAARD

Name of Person

at ( 517 ) 552-3388

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. MIXED MEDIA INCORPORATED  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. MICHIGAN 3. 20-0491953  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/30/2003 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1070 LAUREL ROAD EAST, #227, NOKOMIS, FL 34275  
(Principal office address)

1070 LAUREL ROAD EAST, #227, NOKOMIS, FL 34275  
(Current mailing address)

8. EVENT PLANNING AND GRAPHIC DESIGN  
(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)

Name: JULIE MALIEPAARD

Office Address: 1070 LAUREL ROAD EAST, #227  
NOKOMIS, Florida 34275  
(City) (Zip code)

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**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.*

  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: JULIE A. MALIEPAARD

Address: 1070 LAUREL ROAD EAST, #227  
NOKOMIS, FL 34275

Vice President: SCOTT G. MALIEPAARD

Address: 1070 LAUREL ROAD EAST, #227  
NOKOMIS, FL 34275

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: JULIE A. MALIEPAARD

Address: 1070 LAUREL ROAD EAST, #227, NOKOMIS FL 34275

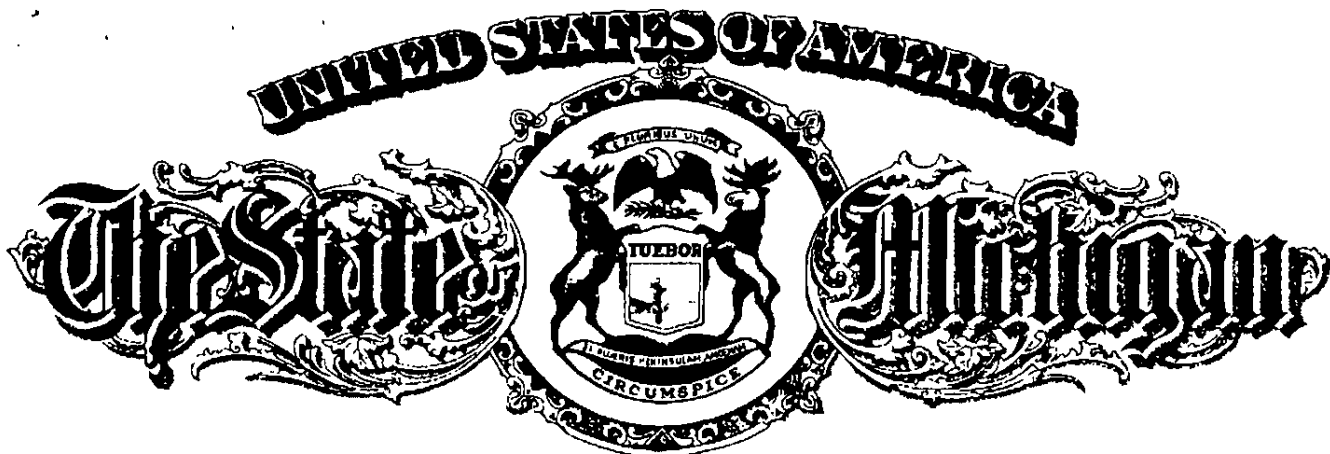
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

14. JULIE A. MALIEPAARD, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**MIXED MEDIA INCORPORATED**

*was validly incorporated on December 30, 2003, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

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*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of November, 2013.*

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau