

F13000005086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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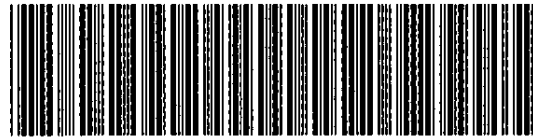
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
ATTN: ASST. FLORIDA

MD 11/25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JYPA 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:

Pamela Loudon

Name of Person

JYPA Inc

Firm/Company

150 E. Robinson St. #2401

Address

Orlando, Fla. 32801

City/State and Zip code

JYPA@me.com

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

For further information concerning this matter, please call:

Pamela Loudon

Name of Person

at (310) 498-9738

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

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

2. Calif 3. 26-0545388
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/26/07 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 150 E Robinson Street #2401 Orlando, Fla 32801
(Principal office address)

Same as Above
(Current mailing address)

8. Sell art
(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: Pamela Louden

Office Address: 150 E Robinson St #2401
Orlando, Florida 32801
(City) (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.

Pamela Louden
(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:

Pamela Loudon

Address:

150 E. Robinson St. #2401
Orlando, Fla 32801

Vice Chairman:

N/A

Address:

Director:

Address:

Director:

Address:

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STATE HOUSE OF FLORIDA
TALLAHASSEE, FLORIDA

B. OFFICERS

President:

Pamela Loudon

Address:

150 E. Robinson St. #2401
Orlando, Fla - 32801

Vice President:

Same as above

Address:

Secretary:

Same

Address:

Treasurer:

Same

Address:

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

13.

Pamela Loudon

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.

Pamela Loudon

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

JYPA INC.

FILE NUMBER: C3018753
FORMATION DATE: 07/16/2007
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 23, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State

JMC