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(Re	equestor's Name)				
(Ac	ldress)				
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(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
DIVISION OF CORPERATIONS

Moon

COVER LETTER

TO:	New Filing Sec Division of Cor			
SUBJI	ECT: Idea	Direct, Inc.		
5020			ion - must include suffix	
Dear Si	ir or Madam:			
"Certifi	icate of Existenc	ion by Foreign Corporation for "Certificate of Good Son corporation to transact bus	tanding" and check are sub	
Please	return all corresp	ondence concerning this ma	tter to the following:	
Dav	id Giaco	omini		
	· · · · · · · · · · · · · · · · · · ·	Name	of Person	
Idea	a Direct,	Inc.		
		Firm/C	ompany	
764	8 NW 12	22nd Dr		
		Ad	dress	
Par	kland, F	L 33076		
	•		e and Zip code	
davi	id@idead	lirect.com		
		E-mail address: (to be use	ed for future annual report r	notification)
For fur	ther information	concerning this matter, pleas	se call:	
Dav	id Giaco	omini _{at (} 970	310-3703 ea Code & Daytime Telepho	
	Name of Perso	n Are	ea Code & Daytime Telepho	one Number
	STREET/COL New Filing Sec Division of Cor Clifton Buildin	porations	MAILING AI New Filing Se Division of Co P.O. Box 6327	ction orporations
	2661 Executive Tallahassee, FL	Center Circle	Tallahassee, F	
Enclose	ed 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.

(Enter name of c	corporation; must include "INCORPORATED forp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"			
(If name unavail		ne adopted for the purpose of transacting business	in Florida)		
Delawai	e	27-5267672			
	under the law of which it is incorporated)	(FEI number, if applicable)			
March 2	t, 2011	perpetual			
· ————	e of incorporation)	(Duration: Year corp. will cease to exist or "p	perpetual")		
n/a					
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability) L 33076	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	(Principal office ac		AP ON		
7648 NV	V 122nd Dr Parkland, f	FL 33076	*		
Marketir	(Current mailing ac	ddress)	AH II: 5		
·	s) of corporation authorized in home state or	country to be carried out in state of Florida)	-5		
` ' '	et address of Florida registered agent: (I	·	g.		
Name:	David Giacomini				
ffice Address:	7648 NW 122nd Dr				
	Parkland	Florida 33076			
	(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.

(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: David Giacomini Address: 7648 NW 122nd Dr Parkland, FL 33076 Vice Chairman: Cristy Giacomini Address: 7648 NW 122nd Dr Parkland, FL 33076 Director: Address: Director: **B. OFFICERS** President: David Giacomini Address: 7648 NW 122nd Dr Parkland, FL 33076 Vice President: Cristy Giacomini 7648 NW 122nd Dr Parkland, FL 33076 Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. David Giacomini

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDEA DIRECT, 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 MARCH, A.D. 2014.

4947694 8300

140367660

AUTHENTYCATION: 1238259

DATE: 03-25-14