

F14 0000002104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

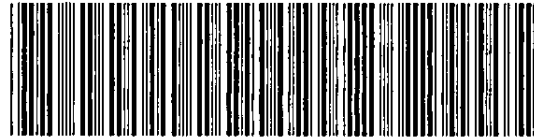
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 13 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATIONS

MAY 14 2014

J. BRYAN

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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TALLAHASSEE, FLORIDA

1. Intu Corporation
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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. **INTU CORPORATION**

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

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

2. **NEVADA**

(State or country under the law of which it is incorporated)

3. **20-2533899**

(FEI number, if applicable)

4. **3/18/2005**

(Date of incorporation)

5. **PERPETUAL**

(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. **7644 PAINTED DUNES DR., LAS VEGAS, NV 89141**

(Principal office address)

7644 PAINTED DUNES DR., LAS VEGAS, NV 89141

(Current mailing address)

8. **MESSAGE THERAPY**

(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: **PARACORP INCORPORATED**

Office Address: **236 EAST 6TH AVENUE**

TALLAHASSEE

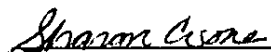
(City)

, Florida **32303**

(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.

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

A. DIRECTORS

Chairman: Deanna Edwards

Address: 7644 Painted Dunes Dr.

Las Vegas, NV 89149

Vice Chairman: Deanna Edwards

Address: 7644 Painted Dunes Dr.

Las Vegas, NV 89149

Director: Deanna Edwards

Address: 7644 Painted Dunes Dr.

Las Vegas, NV 89149

Director: _____

Address: _____

B. OFFICERS

President: Deanna Edwards

Address: 7644 Painted Dunes Dr.

Las Vegas, NV 89149

Vice President: Deanna Edwards

Address: 7644 Painted Dunes Dr.

Las Vegas, NV 89149

Secretary: Deanna Edwards

Address: 7644 Painted Dunes Dr., Las Vegas, NV 89149

Treasurer: Deanna Edwards

Address: 7644 Painted Dunes Dr., Las Vegas, NV 89149

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

13. Deanna Edwards, President

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. Deanna Edwards, President

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

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SECRETARY OF STATE

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INTU CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 18, 2005, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 9, 2014.

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140509-2798
You may verify this electronic certificate
online at <http://www.nvsos.gov/>