# FA000004760

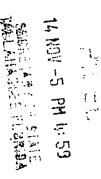
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: PRINT ART, INC		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporatior "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	_	
Please return all correspondence concerning this model Douglas Powell	natter to the following:	
	e of Person	
Print Art, Inc.	• • • • • • • • • • • • • • • • • • • •	
	Company	
6726 Delilah Road		
Egg Harbor Township, New Jo	ersey 08234	
City/Sta	ate and Zip code	
dpowell@print-art.net		
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, plea	ase call:	
John Pierce at 407	7 898-4848 rea Code & Daytime Telephone Number	
Name of Person A	rea 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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### PRINT ART, INC

0100757024

With the Previous or Alternate Name

### OMEGA HIGH IMPACT PRINT SOLUTIONS (Alternate Name) OMEGA SPECIALITY PRODUCTS (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 9, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are

Carlton A. Blase 6726 Delilah Road Egg Harbor Township, NJ 08234 5623



Certification# 133971420

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of October, 2014

Andrew P Sidamon-Eristoff

State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

#### 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. PRINT ART, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") OMEGA HIGH IMPACT PRINT SOLUTIONS. INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) **NEW JERSEY** 22-3619381 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2,6726 Delilah Road, EGG HARBOR TOWNSHIP, NEW JERSEY 08234 (Principal office address) 6726 Delilah Road, EGG HARBOR TOWNSHIP, NEW JERSEY 08234 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: Vice Chairman: \_\_\_\_ Director: Carl Blase Address: 6726 Delilah Road Egg Harbor Township, New Jersey 08234 Director: Dana D. Messina Address: 11150 Santa Monica Blvd, Suite 700 Los Angeles, California 900025 **B. OFFICERS** President: Carl Blase Address: 6726 Delilah Road Egg Harbor Township, New Jersey 08234 Vice President: Douglas Powell Address: 6726 Delilah Road Egg Harbor Township, New Jersey 08234 Secretary: Douglas Powell Address: 6726 Delilah Road, Egg Harbor Township, New Jersey 08234 Treasurer: \_\_\_ NOTE: If necessary, you may agach an addendum to the application listing additional officers and/or directors.

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

12.

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.

13.

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