

F15000000223

(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



100267710471

12/31/14--01007--011 **78.75

FILED
15 JAN 20 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2015

JASMAINE A JOSEPH
4581 WESTON ROAD #277
WESTON, FL 33331

SUBJECT: CYPRESS DIGITAL INC.
Ref. Number: W15000000180

We have received your document for CYPRESS DIGITAL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT SUBMITTED DOES NOT QUALIFY FOR COS REQUIREMENT.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 615A00000044

**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. CYPRESS DIGITAL INC

(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. ILLINOIS 3. 45-4991254
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/06/2012 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4581 WESTON ROAD #277, WESTON, FL 33331
(Principal office address)

4581 WESTON ROAD #277, WESTON, FL 33331
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HENRY JOSEPH

Office Address: 4581 WESTON ROAD #277
WESTON, Florida 33331
(City) (Zip code)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JASMINE A JOSEPH

Address: 4581 WESTON ROAD, #277 WESTON, FL 33331

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

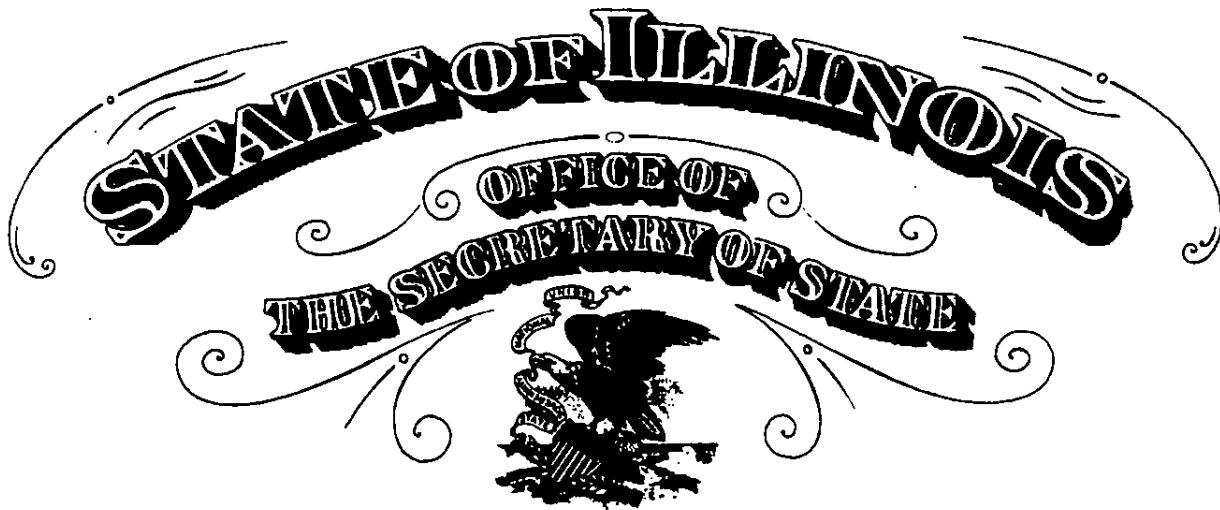

Signature of Director or Officer

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. JASMINE A JOSEPH / PRESIDENT

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

File Number 6838-841-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CYPRESS DIGITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 2012, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1501202174

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of JANUARY A.D. 2015 .*

Jesse White

SECRETARY OF STATE

FORM **BCA 2.10** (rev. Dec. 2003)
ARTICLES OF INCORPORATION
Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9522
217-782-6961
www.cyberdriveillinois.com

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to Secretary of State.

Filed: 4/6/2012 JESSE WHITE SECRETARY OF STATE

See Note 1 on back to determine fees.

Filing Fee: \$150 Franchise Tax \$ 25.00 Total \$ 175.00 File # 6838-841-4 Approved: JPF

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name Cypress Digital, Inc.



CP0648522

The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

2. Initial Registered Agent: Jasmine A Joseph
First Name Middle Initial Last Name

Initial Registered Office: 1800 Dewes St Unit 310
Number Street Suite No. (P.O. Box alone is unacceptable)
Glenview IL 60025 Cook
City ZIP Code County 016

3. Purposes(s) for which the Corporation is Organized:
If more space is needed, attach additional sheets of this size.

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

Publishing, Training and Consulting

044

4. Paragraph 1 -- Authorized Shares Issued Shares and Consideration Received

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Thereof
<u>Common</u>	<u>100000</u>	<u>1000</u>	<u>1,000.00</u>

TOTAL = \$ 1,000.00

Paragraph 2 -- The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

If more space is needed, attach additional sheets of this size.

(cont. on back)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JAN 20 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 2, 2015

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