F | 500000 6 | 4

(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:						
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T. SCOTT



January 23, 2015

CRYSTAL YBARRA NP DESIGN INC 1040 21ST STREET S.W. NAPLES, FL 34117

SUBJECT: NP DESIGN INC Ref. Number: W15000004852

We have received your document for NP DESIGN INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Letter Number: 515A00001427

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporation	ns			
SUBJECT: <u>NP</u> DE	Name of corporation	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by I "Certificate of Existence," or "cabove referenced foreign corpo	Certificate of Good Stand	ling" and check are subm		
Please return all correspondenc	e concerning this matter	to the following:		
Crys	stay yba Name of P	erson		
	Firm/Comp	esign I	-nc.	
1040	ZIST Street			
	DOPES, City/State and	COVICE I	34117	
moultrictool	ail address: (to be used fo	r future annual report no	tification)	
For further information concern	ning this matter, please ca	11:		
Name of Person	at (<mark>229</mark> Area C) 429 - 32 ode & Daytime Telephor	ne 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 Tallahassec, FL 32314		
Enclosed is a check for the follo	owing amount:			
	8.75 Filing Fee & ertificate of Status	\$78.75 Filing Fee & Certified Copy	☐ S87.50 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. Company, "Composition, in the state of corporation, in the state of corporation, in the state of corporation, "Composition," "Composition,"

	•	
2.	G A3.	47-2592110
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4.	12-19-19 5.	perpetual
_	(Date of incorporation)	(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	156 Roger S	t. Reclin	Ga =	31727
		al office address)		
	<+	•		

1040 21st St. S.W. Naples, Florida 34117

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

Name: Crystat ybarra

Office Address: 1040 7187 St. S.W.

______, Florida 3411 (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 pty 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: Vice Chairman: Address: __ Director: Address: ___ Director: __ Address: **B. OFFICERS** S.W. LLOPES Address: 1 Treasurer: . 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. (Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: December 19, 2014

: 14119522

JURISDICTION

: Georgia

PRINT DATE

: January 16, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NP DESIGN, INC A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: 1.h

Brian P. Kemp Secretary of State