

F15000001022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

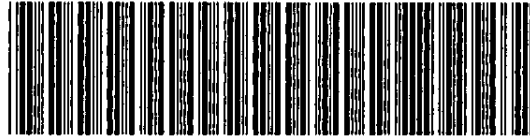
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000269706160

02/23/15--01032--009 **87.50

15 MAR -9 PM 1:24
OFFICE OF THE ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

3 12 154

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GRAPHIC FORMS & SUPPLY INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAVID CURRY

Name of Person

GRAPHIC FORMS & SUPPLY INC

Firm/Company

9412 AVENEL LANE

Address

PORT SAINT LUCIE FL 34986-3270

City/State and Zip code

gtsi@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CURRY

Name of Person

at (970) 692-0255

Area 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 ☐ \$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.

1. GRAPHIC FORMS & SUPPLY INC

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

GRAPHIC FORMS SUPPLY INC

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

2. COLORADO USA

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

3. 84-134655B

(FEI number, if applicable)

4. 5/2/1996

(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. 9412 AVENEL LANE PORT SAINT LUCIE, FL 34986-3270

(Principal office address)

PO Box 881045 PORT SAINT LUCIE, FL 34988-1045

(Current mailing address)

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

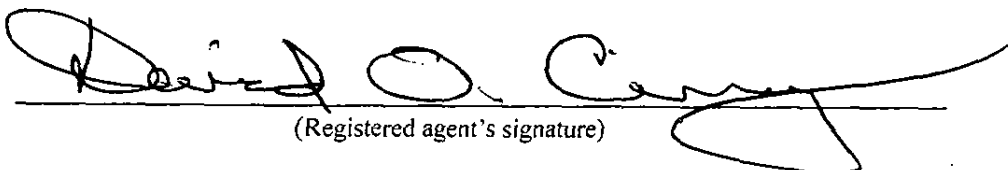
Name: DAVID O. CURRY

Office Address: 9412 AVENEL LANE

PORT SAINT LUCIE, Florida FL 34986-3270
(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.

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

A. DIRECTORS

Chairman: AVIS G. DYSERT-CURRY

Address: 9412 AVEDEL LANE

PORT SAINT LUCIE FL 34986-3270

Vice Chairman: DAVID O. CURRY

Address: SAME AS ABOVE

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: AVIS G. DYSERT-CURRY

Address: SAME AS ABOVE

Vice President: _____

Address: _____

Secretary: DAVID O. CURRY

Address: SAME AS ABOVE

Treasurer: DAVID O. CURRY

Address: SAME AS ABOVE

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

12. David O. Curry

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. DAVID O. CURRY

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

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

C E R T I F I C A T E

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

GRAPHIC FORMS & SUPPLY, INC.

is a **Corporation** formed or registered on 05/02/1996 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19961060349.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/12/2015 that have been posted, and by documents delivered to this office electronically through 02/13/2015 @ 09:14:20.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/13/2015 @ 09:14:20 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9093783.



A handwritten signature in cursive script, reading "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2015

DAVID CURRY
9412 AVENEL LANE
PORT SAINT LUCIE, FL 34986-3270

SUBJECT: GRAPHIC FORMS & SUPPLY INC.
Ref. Number: W15000013286

FILED
15 MAR -9 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GRAPHIC FORMS & SUPPLY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 715A00003860