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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			







4/1000



Good day. Not sure I need to do this, but let me explain what is happening.

My company is Internet based ONLY. We were incorporated in IN in 1997, but in 1999, I moved to IA. I have been there until now. Seven years ago, I retained contract help in GA and she looks after the business day to day. All of my mailing/billing addresses have been in IA, but we are in the process of moving those to GA addresses. I live in FL and because we are an S CORP., file taxes as a FL resident. I do not own property in any other stare.

QUESTIONS.

641-5902-1703

randy@logofloormats.com

Regards,

Randy

### **COVER LETTER**

	ew Filing Sectivision of Cor		,		
SUBJEC	т.	MAI	6090 (0.	mpan y	
SOBJEC	<b>-</b> •	Name of corpora	tion - must include suffix	<b>-</b>	-
Dear Sir o	r Madam:				
"Certificat	e of Existence		for Authorization to Transa Standing" and check are sub siness in Florida.		
Please retu	ırn all corresp	ondence concerning this ma	atter to the following:		
	MAT	4090	of Person	υY	-
	PE	> Box Firm/	Company 800 28.	5	-
<u>L</u>	AG R	ANGE	ddress A	30240-	oool
/«	2And	4 @ 1000 l	te and Zip code  OR MATS  sed for future annual report in	c. CDm notification)	-
For further	r information	concerning this matter, plea	ase call:		
RAA	oly B ame of Person	at (Lo L	71) 590 – rea Code & Daytime Teleph	1703 none Number	
Ne Di Cl 26	ew Filing Sect vision of Cor ifton Building 61 Executive	porations 3 Center Circle	MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
	illahassee, FL				
J		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

	ANCE WITH SECTION 607.1503, FLORIDA S A FOREIGN CORPORATION TO TRANSACT <u>I</u>		
1.	MAT LOSO C	OMDANY	
(Enter nam "Inc.," "Co	e of corporation; must include "INCORPORATED," .," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	·		
(If name ur	navailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business	ss in Florida)
2	3.	(FEI number, if applicable)	
(State or o	country under the law of which it is incorporated) $\frac{1}{13} \frac{1}{1997} = 5.$		
6.	(Date of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual"
0		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	APR-7
7. 150	OZ = A ORCHARD HIL (Principal office add)	1 Rd Lagrange Gt	30240 E
<u> </u>	, · · · · · · · · · · · · · · · · ·	<u> </u>	=======================================
	(Current mailing add	ress)	
8. Name and	street address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Nan	ne: RAndy Bush		
Office Addre	ess: 1802 LAKEVien	, B/sd.	
	N.FT MY JAS	, Florida <u>339</u> 03	
	(City)	(Zip code)	
_	ed agent's acceptance:		
designated it further agre	named as registered agent and to accept serving this application, I hereby accept the appoint to to comply with the provisions of all statutes to a familiar with and accept the obligations of the configurations of the co	ment as registered agent and agree to acc relative to the proper and complete perfo	t in this capacity. I
	Kandy 1	Buch	
	(Registered agent's si	gnature)	

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: KANCY BUSH
Address: 1802 WAKEUVEN Blud.
W. FT. MYELS, PL 33903
Vice Chairman:
Address:
Director:
Address:
Director
Director:
Address:
B. OFFICERS
President:
Address:
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. 4 2 2015
12. Signature of Director or Officer 4/2/2013
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. RANDY BUSH
(Typed or printed name and capacity of person signing application)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

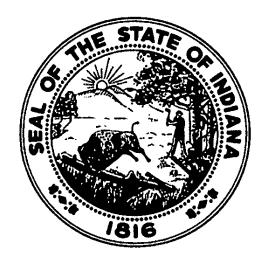
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### MAT LOGO COMPANY

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 13, 1997, and was in existence or authorized to transact business in the State of Indiana on April 02, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of April, 2015.

Connie Lawson, Secretary of State

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