F1500 000 7671

| (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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Office Use Only



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AUG 21 2015 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2015

ASHELEY SCOTT PO BOX 5875 COLUMBIA, SC 29250

SUBJECT: 1 X 1 DESIGN, INC Ref. Number: W15000053844

We have received your document for 1 X 1 DESIGN, 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):

Please list the complete principal office address.

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) 245-6051.

Letter Number: 615A00016853

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT. 1x1 DESIGN, INC | |
| SUBJECT: 1x1 DESIGN, INC Name of corporation | on - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact businesses." | anding" and check are submitted to register the |
| Please return all correspondence concerning this mat- | ter to the following: |
| ASHELE / Name of | Scott |
| Name o | of Person |
| (w) DESH | 6N INC |
| Firm/Co | ompany |
| P.O. Bo | × 5875 |
| | |
| COLUMBI | 4, SU 29250 and Zip code |
| | |
| ascott@1 | o 1 drsign. CM d for future annual report notification) |
| E-mail address: (to be use | d for future annual report notification) |
| For further information concerning this matter, please | e call: |
| ASHELEI SCOTT at (803 Name of Person Area Co | 3 834 4048 |
| Name of Person Area Co | ode Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: Registration 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. 141 DESIGN, 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) SC 3. 45-2436808 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. (b. 1. 201) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) PCKENS ST. COLVMBIA SC (Principal office address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SOUTH PINE ISLAND ROTTO Office Address: 7470 N, Florida 3332 Y 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: ASHELEY SCOTT | | |
| Address: P.O. BOX 3875 | | |
| COLUMBIA, SC 29750 | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Directors | | |
| Director; | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | |
| B. OFFICERS | • | |
| President: ASHELKI SCOTT | | |
| Address: P.O. BOX 5975 | > | |
| COLVINBIA, SC 29750 | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| Vice President: | | |
| Address: | 9 P | |
| | 77 H 10 | |
| Secretary: ASHELEN SCOTT | 28 RIU | |
| Secretary: ASHELEN SCOTT Address: SAMIC | | |
| Treasurer: | | |
| Address: | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional offic | ers and/or directors. | |
| 12. Signature of Director or Officer | | |
| Signature of Director or Officer | | |
| The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S. | that the facts stated herein | |
| - · | | |
| 13. ASHTUEN SCOTT, PRESIDENT (Typed or printed name and capacity of person signing application) | | |

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

1 X 1 DESIGN, INC.

a corporation duly organized under the laws of the State of South Carolina on June 1st, 2011, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 4th day of August, 2015.

Mark Hammond, Secretary of State