

FIS 000003911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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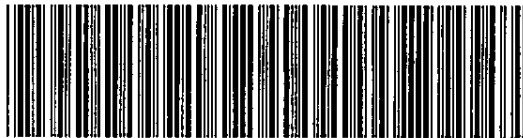
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M. MILLIGAN  
EXAMINER

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677

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUST THE GOOD STUFF VENDING 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:

MICHAEL KRAMER

Name of Person

JUST THE GOOD STUFF VENDING INC

Firm/Company

10 CRIS LANE

Address

PALM COAST, FL 32137

City/State and Zip code

KRAMER.KIMBER1911@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL KRAMER

Name of Person

at ( 386 )

Area Code

864-3491

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.*

1. JUST THE GOOD STUFF VENDING 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. TN 3. 270213418  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2009 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 10 CRIS LANE PALM COAST, FL 32137  
(Principal office address)

(Current mailing address, if different)

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

Name: MICHAEL KRAMER

Office Address: 10 CRIS LANE

PALM COAST, Florida 32137  
(City) (Zip code)

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15 SEP -4 AM 11:05  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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: MICHAEL KRAMER

Address: 10 CRIS LANE PALM COAST, FL 32137

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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SEP - 11  
11:03  
CLERK  
OF  
COURT  
JANUARY 11, 2003

**B. OFFICERS**

President: MICHAEL KRAMER

Address: 10 CRIS LANE PALM COAST, FL 32137

Vice President: JORDAN KRAMER

Address: 241 OAK LANE BLUFF CITY, TN 37618

Secretary: SUZANNE KRAMER

Address: 241 OAK LANE BLUFF CITY, TN 37618

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 11 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. MICHAEL KRAMER

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



FILED

15 SEP -4 AM 11:03

SECRETARY OF STATE  
NASHVILLE, TENNESSEE

**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**MICHAEL KRAMER**  
10 CRIS LANE  
PALM COAST, FL 32137

September 3, 2015

**Request Type: Certificate of Existence/Authorization**  
Request #: 0174320

Issuance Date: 09/03/2015  
Copies Requested: 1

**Document Receipt**

Receipt #: 002221599

Filing Fee: \$22.25

Payment-Credit Card - State Payment Center - CC #: 164558923

\$22.25

**Regarding: JUST THE GOOD STUFF VENDING INC.**

Filing Type: For-profit Corporation - Domestic

Control #: 602708

Formation/Qualification Date: 05/18/2009

Date Formed: 05/18/2009

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SULLIVAN COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**JUST THE GOOD STUFF VENDING INC.**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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