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(Requestor's Name)				
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations			
Fountainhead Graph SUBJECT:	ics, Inc.		
	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good Sta	nding" and check are sub	
Please return all correspondence of Kimberly Pernia	concerning this matte	er to the following:	
	Name of	Person	
Fountainhead Graphics, Inc.			
814 Oak Dr	Firm/Con	npany	
Bradenton, FL 34210	Add	ress	
kim@fountainheadgraphics.com	City/State	and Zip code	
E-mail	address: (to be used	for future annual report	notification)
For further information concerning	g this matter, please	call:	
Kimberly Pernia	941 at (100 0 1 1 2	
Name of Person	Area Co	de Daytime Telep	hone Number
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	Section orporations 7
Enclosed is a check for the follow	ring amount:		
	75 Filing Fee & fificate of Status	3 \$78.75 Filing Fee & Certified Copy	Sand \$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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of trans	acting business in Florida)		
Illinois	·	36-4265424			
07/05/0001	y under the law of which it is incorporated)	(FEI number, if applicable)			
(Date of incorporation)		(Date of duration, if o	(Date of duration, if other than perpetual)		
	Current mail et address of Florida registered agent: (P. Nathaniel Pernia	ing address, if different) O. Box <u>NOT</u> acceptable)	CO CO COMPANY		
Name:	et address of Florida registered agent: (P.				
Name:	Nathaniel Pernia 814 Oak Dr Bradenton	O. Box <u>NOT</u> acceptable) ——— 34210			
	Nathaniel Pernia 814 Oak Dr Bradenton	O. Box <u>NOT</u> acceptable)	MAH - 1		

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 an	d business addresses of offi	icers and/or directo	ors:		
A. DIRECTO	ORS				
Chairman:				· · · · · · · · · · · · · · · · · · ·	
Address:			· · · · · · · · · · · · · · · · · · ·		
Vice Chairman:					
Address:					
Director:					
Address:					
					
Director:					
Address:	····				
			· · · · · · · · · · · · · · · · · · ·		
B. OFFICER					in the completion is a second of the completion in the completion is a second of the completion in the completion in the completion is a second of the completion in the completion in the completion is a second of the completion in the completion in the completion is a second of the completion in the completion in the completion is a second of the completion in the completion in the completion is a second of the completion in the completion
President:				7.73 PM	4 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Address:	Oak Dr				· []
Brade	enton, FL 34210			FISH TO	0
Vice President:	Kimberly Pernia			RID.	
Address: 814 C	Oak Dr				
Brade	enton, FL 34210				
Secretary:					
Address:					· · · · · · · · · · · · · · · · · · ·
Treasurer:					
		\sim			
NOTE: If nec	cessary, you may attacl an	addendum to the ap	opication listing additi	onal officers and/o	or directors.
12		Herry	0.55		
are true and the	director signing this docum at he or she is aware that fa felony as provided for in s.	lse information sul	ted in number 11 abov		
_	Pernia, President	,			

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

File Number

6172-669-1

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FOUNTAINHEAD GRAPHICS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 05, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of MARCH A.D. 2016.

Authentication #: 1606200312 verifiable until 03/02/2017
Authenticate at; http://www.cyberdriveillinois.com