

F1600003130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

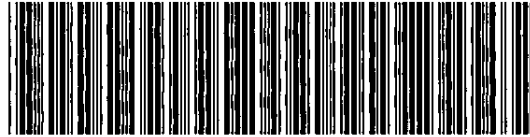
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 14 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ID TOYS 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:

VINCENT ALLARD, PRESIDENT

_____ CORPOMAX INC.	_____ Name of Person
_____ 2915 OGLETOWN RD	_____ Firm/Company
_____ NEWARK, DE 19713	_____ Address
_____ INFO@CORPOMAX.COM	_____ City/State and Zip code
_____ E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

VINCENT ALLARD	302	266-8200
_____ Name of Person	at (_____) Area Code	_____ 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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

ID TOYS INC.

1. _____
(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. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 7, 2016 5. PERPETUAL
(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 FAIRWAY DRIVE, # 210, DEERFIELD BEACH, FL 33441
(Principal office address)
- 2915 OGLETOWN ROAD, #2617, NEWARK, DE 19713
(Current mailing address, if different)

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(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.

Denise Bell, ASSISTANT SECRETARY
(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.

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16 JUL 19 PM 1:42

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

A. DIRECTORS

Chairman: STEPHANE TETRAULT

Address: 2915 OGLETOWN ROAD, #2617, NEWARK, DE 19713

Vice Chairman: _____

Address: _____

Director: STEPHANE TETRAULT

Address: 2915 OGLETOWN ROAD, #2617, NEWARK, DE 19713

Director: _____

Address: _____

B. OFFICERS

President: STEPHANE TETRAULT

Address: 2915 OGLETOWN ROAD, #2617, NEWARK, DE 19713

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. 
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. STEPHANE TETRAULT, PRESIDENT

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

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ID TOYS INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2016.

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SECRETARY OF STATE
DELAWARE
16 JUL 13 PM 1:49



6089846 8300

SR# 20164817297

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202621960

Date: 07-07-16