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SECRET OF STATE  
TALLAHASSEE, FLORIDA

T WASHINGTON

NOV 07 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIGITALLY ENHANCED IMAGE 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:

DAVID KOCUREK

Name of Person

DIGITALLY ENHANCED IMAGE INC

Firm/Company

200 FRIARS HILL DR #103

Address

PANAMA CITY BEACH, FL 32407

City/State and Zip code

david@enhancedimage.com

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

For further information concerning this matter, please call:

DAVID KOCUREK

417

389-5523

at ( )

Name of Person

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:

- ☒ \$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.*

DIGITALLY ENHANCED IMAGE INC ,

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ENHANCED IMAGE

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSOURI 3. 75-2732706  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/1/2007 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/01/2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 FRIARS HILL DR #103; PANAMA CITY BEACH, FL 32407  
(Principal office address)

(Current mailing address, if different)

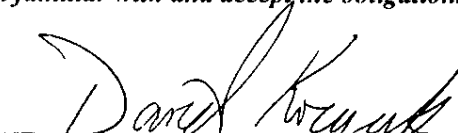
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DAVID KOCUREK

Office Address: 200 FRIARS HILL DR #103  
PANAMA CITY BEACH, Florida 32407  
(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.*

  
(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: DAVID KOCUREK

Address: 200 FRIARS HILL DR #103  
PANAMA CITY BEACH, FL 32407

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

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

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

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

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

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

**B. OFFICERS**

President: DAVID KOCUREK

Address: 200 FRIARS HILL DR #103  
PANAMA CITY BEACH, FL 32407

Vice President: \_\_\_\_\_

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

Secretary: SALLY KOCUREK

Address: 200 FRIARS HILL DR #103; PANAMA CITY BEACH, FL 32407

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. David Kocurek

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. DAVID KOCUREK, PRESIDENT

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

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CLERK OF STATE  
PANAMA CITY BEACH, FLORIDA

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

16 NOV -4 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

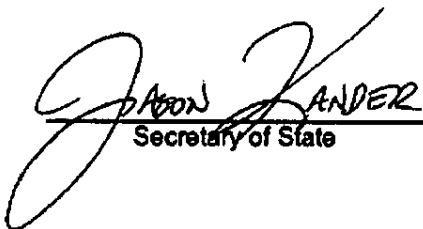
***DIGITALLY ENHANCED IMAGE INC.***

using in Missouri the name

***DIGITALLY ENHANCED IMAGE INC.***  
***F00845937***

a TEXAS entity was created under the laws of this State on the 1st day of October, 2007, and is Good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of October, 2016.

  
Secretary of State

Certification Number: CERT-10312016-0049

