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| (Red | questor's Name) | - |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECHLIARY OF STATE FALLARASSEE, FLORIDA FALLARASSEE, FLORIDA

S. WARREN 0CT 1 6 2017



October 6, 2017

ELLEN NEPUSTIL 529 13TH ST W #203 BRADENTON, FL 34205

SUBJECT: ELLEN NEPUSTIL FIBER ARTS INC

Ref. Number: W17000079648

We have received your document for ELLEN NEPUSTIL FIBER ARTS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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: 817A00020264

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Ellen Nepustic R | ber- Arts 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 busing | anding" and check are submitted to register the |
| Please return all correspondence concerning this matt | er to the following: |
| Ellen Depustic | |
| Name o | f Person |
| Ellen Pepushi Gl | oe, Ats Inc |
| 529 13th st w #203 | |
| Bradinton FL 3420 City/State CIty/State E-mail address: (to be used | and Zip code |
| CILEN Depush L Sherarts @ CE-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please | |
| Ellen Ne pustil at (38) Name of Person Area Co | ode Daytime Telephone Number |
| Name of Person Area Co | Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, 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 \$\Bigcup \text{S78.75 Filing Fee & Certificate of Status} | ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certified Copy 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. Ellen Deposti Cher Arts to 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. CO
(State or country under the law of which it is incorporated)

4. 1/13/3015
(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) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Bratanton FL 34805 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Siler Nepustil

Significant Residence States Florida 34305

(City) (Zip code) Name: Office Address: 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.

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.

(Registered agent's signature)

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

| A. DIRECTORS | |
|--|--|
| Chairman: | <u>.</u> |
| Address: | |
| | |
| Vice Chairman: | |
| | |
| Address: | |
| Director: | |
| | |
| Address: | B - 57 sk |
| Director: | |
| | 至金 1 |
| Address: | <u> </u> |
| | |
| B. OFFICERS | 7 24 D |
| President: Cley Nepustil | |
| Address: GC 350 Ave W # 430 | |
| Braduton FL 34/205 | • |
| Vice President: | |
| Address: | |
| Address. | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | ···· |
| NOTE: If necessary, you may attach an addendum to the application listing addit | tional officers 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 about are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S. | ve) affirms that the facts stated herein |
| 13. Janetalla Manish! Outher | cloresident |
| (Typed or printed name and capacity of person signing ar | oplication) |

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

1. Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Ellen Nepustil Fiber Arts Inc

is a

Corporation

formed or registered on 01/18/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151035180.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/28/2017 that have been posted, and by documents delivered to this office electronically through 09/30/2017 @ 10:42:53.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/30/2017 @ 10:42:53 in accordance with applicable law. This certificate is assigned Confirmation Number 10475323



Tryne N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely applicated in not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademark, trade names" and select "Frequently Asked Questions."