F18000001021

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer: CORT W18-16496							

Office Use Only



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02/19/18--01011--012 **70.00

SECULTARY OF STATE ALL AHASSEE, FLORIDA

S. WARREN MAR 0 1 2019



February 19, 2018

LYNN VANGINHOVEN 1027 N. NOVA ROAD, SUITE 109 DAYTONA BEACH, FL 32117

SUBJECT: CLASSIC MAIL CORP. Ref. Number: W18000016496

We have received your document for CLASSIC MAIL CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 218A00003471

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJ	ECT:	Classic	Ma	; [(orp.	
5020		Name of	corporation	- must	include suffix	
Dear S	ir or Madam:					
"Certif	ficate of Existence	on by Foreign Corp.," or "Certificate on corporation to tra	of Good Stan	ding".	and check are sub	et Business in Florida," mitted to register the
Please	return all corresp	ondence concernin	g this matter	to the	following:	
	Lynn	-Vangin	hoven			
	9	0	Name of l	Person		
		Classic	Mail	Cor	P	
			Firm/Com	pany	,	
	107	7 N No	va R	<u>'d</u>	Suite 1	09
		Daytona	Beach		FL 32	117
			•	•		
		C promo:	tions ZV	<u>(0) </u>	mail. com)
					re amuai report i	ourication)
For fur	ther information	concerning this ma	tter, please c	all:		
7	ach Vanas	'nhaven a	., 38h	, .	756-1300	
	Name of Person	inhoven a	Area Code	<i>)</i> e	Daytime Telepl	none Number
		RIER ADDRESS:			MAILING A	
	Registration Section Registration Section Division of Corporations Division of Corporations					
	Clifton Building P.O. Box 6327					
	2661 Executive Tallahassee, FL				Tallahassee, F.	L 32314
Enclose	ed is a check for t	he following amou	nt:			
5 70	0.00 Filing Fee	□ \$78.75 Filing. Certificate of			75 Filing Fee & fied Copy	□ \$87.50 Filing Fee, Certificate of Status &

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 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware

(State or country under the law of which it is incorporated)

3. 81-1011402

(FEI number, if applicable) ____ 5. _____(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) N Nova Rd. Suite 109 Day tona Beach, FR 32117
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box MOT acceptable) Registered Agents Inc.

3030 N. Rocky Print Dr. STE 150A

Tampa , Florida 33607
(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: _____ Address: ____ _ Vice Chairman: Address: Director: Address: ___ Address: **B. OFFICERS** President: Lynn Vangishoven Address: Vice President: Address: _____ Secretary: Address: ____ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLASSIC MAIL CORP." 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 TWENTY-THIRD DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLASSIC MAIL CORP." WAS INCORPORATED ON THE FIFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202203597

Date: 02-23-18

5928735 8300 SR# 20181286913