

F97000006145

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

200002347182--2
-11/14/97--01004-035
*****70.00 *****70.00

W97-25781

Impressions, Ltd. Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 19 AM 11:43

08/11/20

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | |
| <input type="checkbox"/> Mail Out | | |

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

NOV 14 1997

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97 NOV 14 AM 10:33
Thanks
Jeff



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 14, 1997

CT CORPORATION SYSTEM

SUBJECT: IMPRESSIONS LTD. CORPORATION
Ref. Number: W97000025781

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We have received your document for IMPRESSIONS LTD. CORPORATION 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 name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the Board of Directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please list the street address of each officer/director. If the officer/director does not have a street address, list a P.O. Box and write (N/A) beside the box number.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 597A00054805

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Robert Pratsch do hereby certify
(Name)

that this Resolution of the Board of Directors of Impressions, Ltd.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Wisconsin,

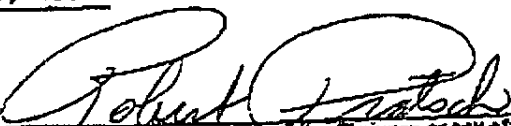
was duly adopted on November 19, 19 97.

Be it resolved, that Impressions, Ltd.
(Corporate Name)

organized and existing in the State of Wisconsin, hereby adopts the name

Impressions Company of Wisconsin for use in Florida.

Dated: November 19, 1997


Signature of either Chairman, Vice Chairman or any officer

Robert Pratsch, Chairman
Type or print name

DHS19(496)

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DIVISION OF CORP. SERVICES

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Impressions Ltd.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Wisconsin

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

3. 39-1795351

(FEI number, if applicable)

4. July 20, 1994

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 1997

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. P.O. Box 10

Suamico, WI 54173

(Current mailing address)

8. Vacation wholesale brokerage

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM

Francis P. Regan

(Registered agent's signature) (Officer)

Francis P. Regan - Assistant Secretary

(Type Name and Title of Officer)

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11. 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.

12. Names and addresses of officers and/or directors:

St. Address:
3135 Danfield W.

A. DIRECTORS

Chairman: Robert Pratsch

Address: P.O. Box 10

Suamico, WI 54173

Vice Chairman: _____

Address: _____

Director: Maria Russo

Address: P.O. Box 10

Suamico, WI 54173

Director: _____

Address: _____

B. OFFICERS

President: Maria Russo

Address: P.O. Box 10

Suamico, WI 54173

Vice President: Robert Pratsch

Address: P.O. Box 10

Suamico, WI 54173

Secretary: Robert Pratsch

Address: P.O. Box 10

Suamico, WI 54173

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DIVISION OF CORPORATE AFFAIRS
97 NOV 19 AM 11:43

Treasurer: Robert Pratsch

Address: P.O. Box 10

Suamico, WI 54173

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Chairman

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

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DIVISION OF PUBLIC AFFAIRS
97 NOV 19 AM 11:43

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that


IMPRESSIONS LTD.

is a domestic corporation organized under the laws of this state and that its date of incorporation is JULY 7, 1994.

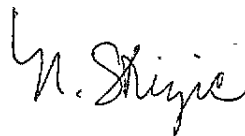
I further certify that said corporation has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on NOVEMBER 12, 1997.




Richard L. Dean, Secretary
Department of Financial Institutions

BY:



Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

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