F9800000000749

To: Qualification/Tax Lien Section **Division of Corporations** SUBJECT: Grace Bindings, 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", 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: W98-26761 Alan J. Grace (Name of Person) Grace Bindings, Inc. (Firm/Company) 5618 Timuquana Road, Suite #4 (Address) Jacksonville, FL 32244 (City/State/Zip) Should you need to call someone concerning this matter, please call: *****87.50 Maureen A. Grace at (<u>904</u>) 317-0051 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations **Division of Corporations** 409 E. Gaines St. P.O. Box 6327 Tailahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & **☎** \$87.50 Filing Fee. Certificate of Status Certificate of Status & Certified Copy

Certified Copy



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 1, 1998

ALAN J. GRACE GRACE BINDINGS, INC. 5618 TIMUQUANA RD., STE. #4 JACKSONVILLE, FL 32244

SUBJECT: GRACE BINDINGS, INC.

Ref. Number: W98000026761

We have received your document for GRACE BINDINGS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

A photocopy of the certificate of existence 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) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 698A00056822

DINISION OF CORPUTATIONS

98 DEC 14 AM 9: 15

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.

•
1. Grace Bindings, Inc.
(Name of corporation; must include the word "INCORPORATED" "COMPANY" "CORPORATION"
works of aboveviations of fixe 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. <u>Georgia</u> 3 58-2090075
(State on south 1 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1
, application
4. November 01, 1993 (Date of incorporation) 5. "Perpetual" (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
• • •
6. December 10, 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5618 Timuquana Road, Suite #4

Jacksonville, FL 32244
(Current mailing address)
8. Providing Book Restoration Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Alan J. Grace
Office Address: 5618 Timuquana Road, Suite #4
7-1
Jacksonville , Florida, 32244
(Zip code)
0. Registered agent's acceptance:
v8mooren aleut a urtchiante.
Taying heen named as registered agent and to good to be a second as the second accordance to the
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 comply with the provisions of all statutes relative to the comply with the provisions of all statutes relative to the comply with the provisions of all statutes relative to the comply with the provisions of all statutes relative to the complex provisions are statuted by the complex provisions of all statutes relative to the complex provisions are considered by the complex provisions and the place designates are considered by the complex provisions and the place designates are considered by the complex provisions and the place of the complex provisions are considered by the complex provisions and the place of the complex provisions are considered by the complex provisions and the complex provisions are considered by the complex provisions and the complex provisions are considered by the complex provisions are considered by the complex provisions and the complex provisions are considered by the complex provisions and the complex provisions are considered by the complex provisions are considered by the constant provisions are considered by the constant provisions and the constant provisions are considered by the constant provisions are constant provisions and the constant provisions are constant provisions.
onepsy with the provisions of an statutes relative to the proper and complete performance of my duties and I am Complete the
ind accept the obligations of my position as registered agent.
A_{1} T_{0}
Min. year.
(Registered agent's signature)

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.

Chairman: N	None	
	: None	
Address:		
Director: N	one	
		
Director:		
		986
B. OFFICER	S (Street address only - P.O. Box NOT acceptable)	8 VS.C.C
President: _A]	lan J. Grace	C 14
Address: 56	ol8 Timuquana Road, Suite #4	A 375
	cksonville, FL 32244	9: 15
Vice President:		TOHE
Address:		50
Secretary: <u>Ma</u>	ureen A. Grace	_
Address: 56	18 Timuquana Road, Suite #4	
	cksonville, FL 32244	
	ureen A. Grace	-
Address: 56	18 Timuquana Road, Suite #4	
	cksonville, FL 32244	
3 Alda	sary, you may attach an addendum to the application listing additional officers and/or	directors.
·	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	
'	or any officer listed in number 12 of the applications of the specific states of the specif	cation)

Secretary of State

Corporations Division 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

DENNY SILVA, CPA 641 OCEAN BLVD. ST. SIMONS ISLAND GA 31522

983340790 DOCKET NUMBER 9325341 CONTROL NUMBER 11/01/1993 DATE INC/AUTH/FILED: GEORGIA JURISDICTION 11/30/1998 PRINT DATE

FORM NUMBER : 211

CERTIFICATE OF EXISTENCE

I. Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GRACE BINDINGS. INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

SECRETARY OF STATE

