TOO QUO QUO QUE I QUE I

THE HOMITTAL BETTER
To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: EDGE PRINTING CONSULTANTS, INC. (Name of corporation - must include suffix)
(Name of corporation - must include suffix)
Dear Sir or Madam: 20002776252—3 -02/15/9901148003 *****78, 75
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:
Alisan S. Spiesman, secretary/treasure. (Name of Person)
EDGE printing consultants inc. (Firm/Company)
96 West Bay Drive 99 SER (Address)
_Cocoa Beach FL 32931
(City/State/Zip)
Should you need to call someone concerning this matter, please call:
Alison Spiesman at (407) 868-2144 (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
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327
Tallahassee, 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 Certified Copy Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 16, 1999

ALISON S. SPIESMAN EDGE PRINTING CONSULTANTS, INC. 96 WEST BAY DR. COCOA BEACH, FL 32931

SUBJECT: EDGE PRINTING CONSULTANTS, INC.

Ref. Number: W99000003902

We have received your document for EDGE PRINTING CONSULTANTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 199A00006914

02/24/99

To: Florida Department of State Response to Reference# W99000003902 & letter #199A00006914

From: EDGE Printing Consultants, Inc.

To Whom it may concern,

Erroneous information was listed on line 6. of the document, the date is wrong. We will begin doing business upon qualification.

Thank You

Alison S. Spiesman

STATE OF FLORIDA The foregoing instrument was acknowledged before me this 24 day of 70 bruary, 1999, by ALISON SMITH who is personally known to me or who has produced SpeesMAN EL. Dr. LIC. as identification.

BARBARA A. FISHER MY COMMISSION # CC 734825 EXPIRES: April 16, 2002

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. EDGE PRINTING CONSC	ILTANTE SAL	
. (Name of corporation, must include the word "INCORPOR	ATED" "COMPANY" "CODDOD ATIONS	
words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	early indicate that it is a corporation instead of	
	-	
2. South CARolina (State or country under the law of which it is incorporated) 4. 12 - 27 - 1995 (Date of incorporation)	3.57 1037697	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4. 12 - 27 - 1995	1-octetual	
(Date of incorporation)	Duration: Year corp. will cease to exist or "perpetua	ıl")
6. Sept. 1998 (Date first transacted business in Florida.) (SEE SECT		***
(Date first transacted business in Florida.) (SEE SECT	TONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 96 West Bay Cocoa Beach FL (Current mailing a	DRiJe	6 110
Cocoa Beach FL	32931	SEC
(Current mailing a	ddress)	5 33
8. CONSULTING / SOFTWA (Purpose(s) of corporation authorized in home state or	<u>رد</u> غ	
	<i>-</i> .	
9. Name and street address of Florida registered agent:	ယ (P.O. Box or Mail Drop Box NOT aggestable	F MATE
9. Name and street address of Florida registered agent:	ယ (P.O. Box or Mail Drop Box NOT aggestable	FAMILONS
9. Name and street address of Florida registered agent:	ယ (P.O. Box or Mail Drop Box NOT aggestable	FIGURE
9. Name and street address of Florida registered agent:	ယ (P.O. Box or Mail Drop Box NOT aggestable	F MITONS
9. Name and street address of Florida registered agent:	ယ (P.O. Box or Mail Drop Box NOT aggestable	FAMIONS
9. Name and street address of Florida registered agent:	ယ (P.O. Box or Mail Drop Box NOT aggestable	F MATIONS
9. Name and street address of Florida registered agents Name: <u>James A. Spiesman</u> Office Address: <u>96 West BAy Dr.</u> <u>Cocoa Beach</u>	ယ (P.O. Box or Mail Drop Box NOT aggestable	F SATIONS
9. Name and street address of Florida registered agent: Name: James A. Spiesman Office Address: 96 West BAy Dr. Cocoa Beach 10. Registered agent's acceptance:	(P.O. Box or Mail Drop Box NOT acceptable) , Florida, 32931 (Zip code)	ATE
9. Name and street address of Florida registered agent: Name: James A. Spiesman Office Address: 96 West BAy Dr. Cocoa Beach 10. Registered agent's acceptance: Having been named as registered agent and to accept service of	(P.O. Box or Mail Drop Box NOT acceptable) , Florida, 32931 (Zip code)	ATE ATTONS
9. Name and street address of Florida registered agent: Name: James A. Spiesman Office Address: 96 West BAy Dr. Cocoa Beach 10. Registered agent's acceptance: Having been named as registered agent and to accept service of in this application, I hereby accept the appointment as registered comply with the provisions of all statutes relative to the proper	(P.O. Box or Mail Drop Box NOT acceptable) , Florida, 32931 (Zip code)	NIIONC
	(P.O. Box or Mail Drop Box NOT acceptable) , Florida, 32931 (Zip code)	NIIONC
9. Name and street address of Florida registered agent: Name: James A. Spiesman Office Address: 96 West BAy Dr. Cocoa Beach 10. Registered agent's acceptance: Having been named as registered agent and to accept service of in this application, I hereby accept the appointment as registered comply with the provisions of all statutes relative to the proper	(P.O. Box or Mail Drop Box NOT acceptable) , Florida, 32931 (Zip code) f process for the above stated corporation at the placed agent and agree to act in this capacity. I further and complete performance of my duties, and I am fa	NIIONC

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.

	TORS (Street address only - P.O. Box NOT acceptable)	t
	TORIS (Street audiess unly -1.0. Dox 1101 acceptable)	
Vice Chairn	nan:	···
Address:		
_		
Director:		D 7727
Address: _		MAR -
_		
		9 등달
Address:		30 AFE
	CERS (Street address only - P.O. Box NOT acceptable)	<u> </u>
President: _	JAMES A. SPIESMAN	- Nation
Address:	JAMES A. SPIESMAN 96 West Bay Drive Cocoa Beach FL 32931	
<u></u>	Cocoa Beach FL 32931	
Vice Preside	ent:	
Address:		-
_		
Secretary:	Alison S. Spiesman Ne West Bay Drive	· • • • • • • • • • • • • • • • • • • •
Address: _		
_	Cocoa Beach FL 32931	
Treasurer:	(Same as above)	
Address: _	<u> </u>	
_		
(necessary, you may attach an addendum to the application listing additional officers and/or director	S.
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14.	TAMES A. SPIESMAN (Typed or printed name and capacity of person signing application)	· · · 1
-	(ryped or printed name and capacity or person signing application)	

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

EDGE PRINTING CONSULTANTS, INC.,

a corporation duly organized under the laws of the State of South Carolina on **January 1st**, **1996**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of February, 1999.

Jim Miles, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual report with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be chained from the Tax Commission.