

F990000003680
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Half Moon, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

300002813033--1
-03/22/99--01060--002
****70.00 ****70.00

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:

300002813033--1
-07/19/99--01115--002
***2665.00 ***2665.00

Bridget Baird
(Name of Person)
Half Moon, Inc.
(Firm/Company)
2525 Nevada Ave. N #103
(Address)
Golden Valley, MN 55427
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Bridget Baird at (612) 595-8447
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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P96-19942



Pg. 693

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 24, 1999

BRIDGET BAIRD
HALF MOON, INC.
2525 NEVADA AVE., N #103
GOLDEN VALLEY, MN 55427

SUBJECT: HALF MOON, INC.
Ref. Number: W99000006826

We have received your document for HALF MOON, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 \$4665.00.

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.

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.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

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TALLAHASSEE, FLORIDA

Michael Mays
Document Specialist

Letter Number: 199A00014595

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 8, 1999

BRIDGET BAIRD
HALF MOON, INC.
2525 NEVADA AVE., N #103
GOLDEN VALLEY, MN 55427

SUBJECT: HALF MOON, INC.
Ref. Number: W99000006826

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for HALF MOON, INC..

The referenced application states that the corporation has transacted business in the State of Florida since July 1, 1995. You were notified by letter dated March 24, 1999, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$4665.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (850) 487-6051.

Gretchen Harvey
Document Specialist Supervisor Letter No. 899A00030859

Enclosure

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 10 1999
TALLAHASSEE, FLORIDA



Department of State

Memorandum Office of the General Counsel

TO: File

FROM: Gerard York, Assistant General Counsel

DATE: July 15, 1999

RE: Half Moon, Inc.

Based on my review of the file and the payments received from the corporation, it is my recommendation that this file be closed. Corporation has paid outstanding report fees from 1995 of \$665.00 and foreign non-qualified penalties for the same period of \$2000.00 assessed at the statutory minimum of \$500.00 per year and wishes to be qualified to do business in the State of Florida. Accordingly, it is recommended corporation be issued a certificate of authority.

/gty

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DIVISION OF LEGAL AFFAIRS

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Dave Anderson, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____
Half Moon, Inc.
(Corporate Name)

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

was duly adopted on June 21, 19 99.

Be it resolved, that Half Moon, Inc.,
(Corporate Name)

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

Minnesota Half Moon, Inc. for use in Florida.

Dated: 6-21-99

Dave Anderson
Signature of either Chairman, Vice Chairman or any officer

Dave Anderson
Type or print name

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DIVISION OF CORPORATIONS
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**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. Half Moon, Inc.
(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. Minnesota 3. 41-1683615
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-7-91 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7-1-95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 2525 Nevada Ave N. Suite 103

Golden Valley, MN 55427
(Current mailing address)

8. President/managing director works out of his Florida home.
(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:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Dave Anderson

Office Address: 12009 Brewster Dr.

Tampa, Florida, 33626
(Zip Code)

10. 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.

Dave Anderson
(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.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: V.P. Donald Wolcott

Address: 1522 Crest Road

Cleveland Heights, OH 44121

Director: N/A

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Dave Anderson

Address: 12009 Brewster Dr.

Tampa, FL 33626

Vice President: Paul Hill

Address: 39 Cormack Ct.

Babylon, NY 11702


Secretary: Dave Anderson

Address: (Same as President)

Treasurer: Dave Anderson

Address: (Same as President)

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. Dave Anderson President
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Half Moon, Inc.

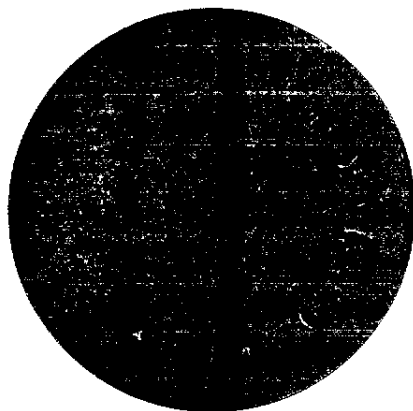
Date Formed: 01/07/1991

Chapter Governed By: 302A

This certificate has been issued on 01/19/99.

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DIVISION OF CORPORATIONS
MINNAPOLIS, MINN.



Mary Kiffmeyer
Secretary of State.