

F 990000006089

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: ANCHOR PUBLICATIONS 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:

Olaf J. Silva ~~388883052009--3~~
(Name of Person) -11/22/99--01142--007
ANCHOR PUBLICATIONS INC. *****78.75 *****78.75
(Firm/Company)
P.O. Box 953548
(Address)
Lake Mary, Florida 32795-3548
(City/State/Zip)

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

Olaf J. Silva at (407) 324-9970
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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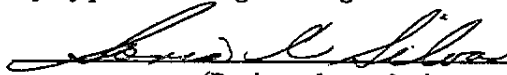
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. ANCHOR PUBLICATIONS 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. Vermont 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 3, 1989 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "Upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 675 Keeneland Pike, Lake Mary, Florida 32746
(Principal office address)
- b. P.O. Box 953548, Lake Mary, Florida 32795-3548
(Current mailing address)
8. Publishing
(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: Sonia C. Silva
- Office Address: 675 Keeneland Pike
Lake Mary, Florida 32746
(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.

 11/17/99
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Olaf J. Silva

Address: 675 Keeneland Pike, Lake Mary, Florida 32746

Vice Chairman: _____

Address: _____

Director: Sonia C. Silva

Address: 675 Keeneland Pike, Lake Mary, Florida 32746

Director: _____

Address: _____

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B. OFFICERS

President: Sonia C. Silva

Address: 675 Keeneland Pike, Lake Mary, Florida 32746

Vice President: _____

Address: _____

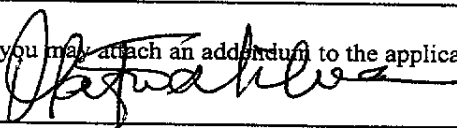
Secretary: Olaf J. Silva

Address: 675 Keeneland Pike, Lake Mary, Florida 32746

Treasurer: _____

Address: _____

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

13.  11/17/99
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Olaf J. Silva, Secretary
(Typed or printed name and capacity of person signing application)



STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office

ANCHOR PUBLICATIONS INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on August 3, 1989

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I further certify that the corporation has perpetual duration; that its most recent annual report is on file, and that articles of dissolution have not been filed.

September 7, 1999

*Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital*

Deborah L. Markowitz
Secretary of State

