# P05000003950

(F	Requestor's Name)	
	Address)	
V	-duress)	
	Address)	
(C	City/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	)
(t	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions t	o Filing Officer:	
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<u> </u>	0.5	
	Office Use Only	



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## TRANSMITTAL LETTER

_	tration Section							
SUBJECT:	IMAGINATIO	N ARTS GROUP,	INC.					
		(Name of c	orporatio	n - must include suff	ix)			
Dear Sir or M	adam:							
	f Existence," a			Authorization to Tranegister the above refe				to
Please return a	all correspond	ence concerning th	is matter	to the following:				
Brittany Schne	eider							
			(Name of	Person)				
Imagination A	rts, Inc.							
		(	(Firm/Co	npany)				
4444 Preserv	e Way				<u>.                                    </u>			
			(Addr	ess)	<b>,</b>	TAL	95	
Naples, FL 3	4109				- <u>-</u>	LAC:	=	
		(C)	ity/State a	nd Zip code)		NASSE Valva	င်ာ	i i
For further in	formation cond	cerning this matter	, please c	all:		of STATE, FLOR	#=:1	1
Brittany Schne	eider	at (	239	) 254-4455			ယ	
(Nan	ne of Person)		(Area (	Code & Daytime Tele	ephone Nu	mber)		
Regis Divis 409 E	EET ADDRES stration Section ion of Corpora 5. Gaines St. hassee, FL 32	tions		MAILING Registration Division of P.O. Box 6 Tallahasse	on Section f Corporati 6327	ons		
Enclosed is a	check for the	following amount:						
□ \$70.00 Fili	ing Fee ☐	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	C	37.50 Filin Certificate ( Certified Co	of Stat	us &

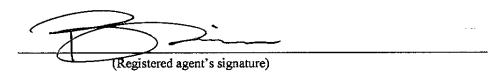
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	IMAGINATION A	ARTS GROUP INCORPORATED						_
		rporation; must include "INCORPORA? rp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORAT	ION,"			
	(If name unavaila	ble in Florida, enter alternate corporate n	ame	adopted for the purpose of transa	cting bu	siness in	Florida	<u>a)</u>
2	STATE OF COL	•		84-1406519				
		nder the law of which it is incorporated)		(FEI number, if	applicab	le)		
4.	05-05-97		5.	Perpetual				
		of incorporation)		(Duration: Year corp. will cease	e to exis	t or "per	petual"	)
6.	July 2005							
				n Florida, if prior to registration) 502, F.S., to determine penalty lia	bility)			_
7.	1111 Pearl Stree	et, Suite 203, Boulder, CO, CO 80302	2, Ur	nited States				
••	. "	(Principal office	add:	ress)				
	4444 Preserve V	Vay, Naples, FL 34109, United States	3		# **			
		(Current mailing	3 add	lress)	1	AL AL	8	
8.	GRAPHIC DES	IGN			· ·	LAHA	JUL -	
	(Purpose(s)	of corporation authorized in home state	or c	ountry to be carried out in state of	Florida	) (55	- CH	R
9.	Name and street	address of Florida registered agent:	(P.C	D. Box <u>NOT</u> acceptable)	ż	EF ST	=======================================	
	Name:	Brittany Schneider		<del></del>	F 1/2 😿	)RIE	ယ	
0	ffice Address:	3471 Pointe Creek Ct, Apt 303				➣		
		Bonita Springs		, Florida <u>34134</u>				
		(City)		(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. 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 business addresses of officers and/or directors:

A. DIRECT	UKS			
Chairman: Br	rittany Schneider			
Address: 347	1 Point Creek Ct, Apt 303			
Bon	ita Springs, FL 34134			
Vice Chairma	n:			
		:	<del> </del>	
Director:			<del></del>	<u> </u>
Address:				<del></del>
Director:				
		·		
B. OFFICE	RS			
President: Bri	ttany Schneider			<u> </u>
Address: 347	1 Pointe Creek Ct, Apt 303	TAS:	05	
Bon	nita Springs, FL 34134	LAH	JUL	1 3
Vice President		ASSI	رن م	1
		iric.	=	
<u></u>		ORIO	-	
Secretary:		<b>→</b>		
				<del></del>
Freasurer:				
Address:		<u> </u>		
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers	and/or dire	ectors.	
13.				
<del>-</del>	(Signature of Director or Officer listed in number 12 of the application)			
14. Brittany				
	(Typed or printed name and capacity of person signing application)			

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

IMAGINATION ARTS GROUP, INC.

#### is a Corporation

formed or registered on 05/05/1997 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971071498

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/17/2005 that have been posted, and by documents delivered to this office electronically through 06/29/2005 @ 10:02:41 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/29/2005 @ 10:02:41 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6250199.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions.