

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
HALF SHIMMEE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED  
12 SEP 28 AM 11:27  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS @ 10/1/12

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Corporate Filing Menu

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HALF SHIMMEE, 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," or "Certificate of Good Standing" 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:

Charmaine Ferenczi

Name of Person

c/o Schreck Rose Dapello & Adams LLP

Firm/Company

1790 Broadway, 20th Floor

Address

New York, NY 10019

City/State and Zip code

cferenczi@srdalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charmaine Ferenczi

at ( 646 ) 747-5043

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**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 SHIMMEE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 46-0518251

(FEI number, if applicable)

4. December 13, 2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Schreck Rose Dapello & Adams LLP, 1790 Broadway, 20th Floor, New York, NY 10019

(Principal office address)

c/o Schreck Rose Dapello & Adams LLP, 1790 Broadway, 20th Floor, New York, NY 10019

(Current mailing address)

8. General

(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.*

Corporation Service Company

By: Stephanie Milnes Asst. V.P.

(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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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: Kevin KnipfingAddress: c/o Schreck Rose Dapello & Adams LLP1790 Broadway, 20th Floor, New York, NY 10019

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Kevin KnipfingAddress: c/o Schreck Rose Dapello & Adams LLP1790 Broadway, 20th Floor, New York, NY 10019

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Kevin KnipfingAddress: c/o Schreck Rose Dapello & Adams LLP1790 Broadway, 20th Floor, New York, NY 10019

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Kevin KnipfingAddress: c/o Schreck Rose Dapello & Adams LLP, 1790 Broadway, 20th Floor, New York, NY 10019Treasurer: Kevin KnipfingAddress: c/o Schreck Rose Dapello & Adams LLP, 1790 Broadway, 20th Floor, New York, NY 10019

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Kevin Knipfing, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HALF SHIMMEE, INC.

FILE NUMBER: C2478208  
FORMATION DATE: 12/13/2002  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of September 26, 2012.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State