

F10000003423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

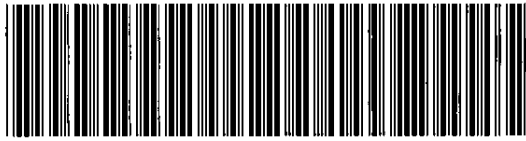
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 JUL 22 PM 4:25

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advertising Values For All Corp.

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:

Samuel Beniquez-Mendez

Name of Person

Advertising Values For All Corp.

Firm/Company

644 Fernandez Juncos Ave., Suite 301, Floor 3

Address

San Juan, Puerto Rico 00907

City/State and Zip code

sbm@avfaonline.com

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

For further information concerning this matter, please call:

Samuel Beniquez

Name of Person

at (786) 245-8531

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

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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. Advertising Values For All Corp.

(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. Puerto Rico

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

3. 66-0713894

(FEI number, if applicable)

4. 05/06/2008

(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. 7950 NW 53rd Street Suite 215 Miami, Florida 33166

(Principal office address)

644 Fernandez Juncos Ave., Suite 301, Floor 3 San Juan Puerto Rico 00907

(Current mailing address)

8. Advertising and Public Relations Firm

(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: Nilsa Vargas

Office Address: 7950 NW 53rd Street Suite 215

Miami, Florida 33166

(City)

(Zip code)

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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.



(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.

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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A. DIRECTORS

Chairman: Samuel Beniquez-Mendez

Address: 644 Fernandez Juncos Ave., Suite 301, Floor 3, San Juan Puerto Rico 00907

Vice Chairman: Samuel Ortiz

Address: 644 Fernandez Juncos Ave., Suite 301, Floor 3, San Juan Puerto Rico 00907

Director: Nilsa Vargas-Robles

Address: 644 Fernandez Juncos Ave., Suite 301, Floor 3, San Juan Puerto Rico 00907

Director: _____

Address: _____

B. OFFICERS

President: Samuel Ortiz

Address: 644 Fernandez Juncos Ave., Suite 301, Floor 3, San Juan Puerto Rico 00907

Vice President: _____

Address: _____

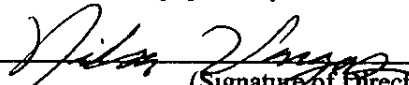
Secretary: Nilsa Vargas-Robles

Address: 644 Fernandez Juncos Ave., Suite 301, Floor 3, San Juan Puerto Rico 00907

Treasurer: Samuel Beniquez-Mendez

Address: 644 Fernandez Juncos Ave., Suite 301, Floor 3, San Juan Puerto Rico 00907

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

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. Nilsa Vargas-Robles / Secretary of the Board
(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Commonwealth of Puerto Rico
Department of State
San Juan, Puerto Rico


CERTIFICATE OF EXISTENCE

I, **KENNETH D. McCLINTOCK**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, according to our records "**ADVERTISING VALUES FOR ALL CORP.**", registration number **181680**, is a **profit** corporation organized in accordance to the General Corporation Law of Puerto Rico on **June 5, 2008** at **4:14 p.m.**

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirements of Article 15.03 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, I hereby sign and cause the Great Seal of the Commonwealth of Puerto Rico to be affixed on it, in the city of San Juan, today, July 13, 2010.


KENNETH D. McCLINTOCK
Secretary of State