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(Requestor's Name)						
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(City/State/Zip/Phone #)						
(=1,7=1,0=1,0=1,7						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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02/12/14--01002--017 \*\*70.00

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# CORPORATE ACCESS, INC.

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassec, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

		WALKIN			
	PI	CK UP: 2/12 Glinda			
	CERTIFIED COPY				
xx	РНОТОСОРУ				
	CUS				
xx	FILING	Foreign Qualification			
1.	Destination Leads  (CORPORATE NAME AND DO				
2.	(CORPORATE NAME AND DO				
3.	(CORPORATE NAME AND DO	OCUMENT #)			
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5.	(CORPORATE NAME AND DO	OCUMENT #)			
6.	(CORPORATE NAME AND DOCUMENT #)				
SPECIA	L INSTRUCTIONS:				

## **COVER LETTER**

	New Filing Section Division of Corporations				
SUBJECT:	Delination L	eads, Inc			
	Name of corpora	tion - must include suffix			
Dear Sir or Madam:					
"Certificate of Existence,	on by Foreign Corporation " or "Certificate of Good! corporation to transact but	for Authorization to Transac Standing" and check are sub siness in Florida.	et Business in Florida," mitted to register the		
Please return all correspo	udence concerning this ma	atter to the following:			
	Kere	n Kogan			
	Name	of Person			
	T3LA	ads			
	Firm/C	lompany			
15503 V	entura Blud, s	1,40 300 ddress			
and the commentation designation that the enterior of the company		9143 (g te and Zip code			
			. ~~		
	E-mail address: (to be us	ed for future annual report in	notification)		
For further information c	oncerning this matter, plea				
Keren Koga	<u>0</u> at <u>(67</u> :	TARASSA >	(264		
Name of Person	Λι	ea Code & Daytime Telepho	one Number		
STREET/COUP New Filing Section of Corporation Building 2661 Executive Couper Tallahassee, FL	orations Center Circle	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations 7		
Enclosed is a check for the	e following amount:				
<b>⊠</b> \$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. Destination Leads INC. (Entername 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) (State or country under the law of which it is incorporated)

3. 146-3876121
(FEI number, if applicable) 5. Perpe val

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15503 Ventyra Blyd Svide 360, Encino CA 91436 (Principal office address) (Current mailing address) | \lambda who \frac{1}{200 \lambda \la 9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Paracorp Incorporated Name: 236 East 6th Avenue Office Address: Tallahassee 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: A. DIRECTORS Chairman: Address: \_\_ Vice Chairman: Director: Address: B. OFFICERS President: Davit Gacparian Address: 15503 Ventura Blud, Suite 360 Encine LA 91436 Vice President: Marina Demirchyan Address: 15503 ventura Rlvd. Sute 360 Encino, (A' 91436 Secretary: \_\_ NOTE: Whecessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

14. MAILA

## State of California

# Secretary of State

CERTIFICATE OF STATUS

### ENTITY NAME:

DESTINATION LEADS, INC.

FILE NUMBER:

C3534223

FORMATION DATE:

01/08/2013

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

14 FED 12 AM 8: 24
MILLANGASE OF GRANGA

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.

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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 February 10, 2014.

DEBRA BOWEN Secretary of State

MAK