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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY
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Phone : (215)563-8113
Fax Number : (215)977-9386

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

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**FOREIGN PROFIT/NONPROFIT CORPORATION
MARKETING MATTERS, INC.**

Certificate of Status	0
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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

MARKETING MATTERS, INC

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

NETWORKING MATTERS, INC.

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

New Jersey

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

December 26, 2001

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability)

10 Riverbank, P.O. Box 82, Beverly, NJ 08010

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

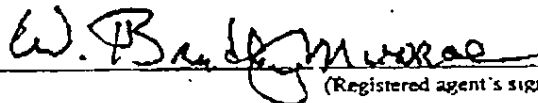
Name: W Bradley Munroe, Esquire

Office Address: 239 East Virginia Street

Tallahassee, Florida 32301
(City) (Zip code)

9. 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)

10. 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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CLERK OF STATE
TALLAHASSEE FL 32301

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

A. DIRECTORS

Chairman Christina M. Cecchi
Address 10 Riverbank, P.O. Box 82
Beverly, NJ 08010

Vice Chairman _____
Address _____

Director _____
Address _____

Director _____
Address _____

B. OFFICERS

President Christina M. Cecchi
Address 10 Riverbank, P.O. Box 82
Beverly, NJ 08010

Vice President _____
Address _____

Secretary _____
Address _____

Treasurer _____
Address _____

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

12. Christina Cecchi
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Christina M. Cecchi, President
(Typed or printed name and capacity of person signing application)

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

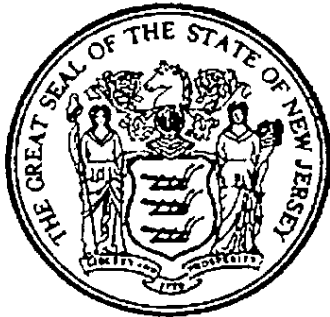
**MARKETING MATTERS, INC.
0100868098**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 26, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**CHRISTINA CECCHI
10 RIVERBANK
P O BOX 82
BEVERLY, NJ 08010**



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of June, 2019.

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number 6098469128

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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