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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734
Kathi or Brent

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. I.A. Europe Marketing Corp
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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Examiner's Initials

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.

I.A. EUROPE MARKETING CORP.

1. _____
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **DELAWARE** _____
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. **3/08/02** _____
(Date of incorporation)

5. **PERPETUAL** _____
(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON FILING** _____
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **c/o John J. McAuliffe** _____
901 Ponce de Leon Boulevard-Suite 303 **Coral Gables, Florida 33134** _____
(Current mailing address)

8. **Web design and marketing** _____
(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 or Mail Drop Box **NOT** acceptable)

Name: **Paralegal Attorney Service Bureau, Inc.**

Office Address: **1045 Merritt Drive** _____
Tallahassee _____, 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.

 **-Kathi Hill**
(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Thursday, March 14, 2002 (3).max

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Victor Minca

Address: 901 Ponce de Leon Blvd-#303
Coral Gables, FL 33134

Vice Chairman: _____

Address: _____

Director: John J. McAuliffe

Address: 901 Ponce de Leon Blvd.-Suite 303
Coral Gables, Florida 33134

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Victor Minca

Address: 901 Ponce de Leon Blvd-Suite 303
Coral Gables, FL 33134

Vice President: _____

Address: _____

Secretary: Victor Minca

Address: 901 Ponce de Leon Blvd.-Suite 303 Coral Gables, FL 33134

Treasurer: John J. McAuliffe

Address: 901 Ponce de Leon Blvd.-Suite 303 Coral Gables, Florida 33134

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

13

 Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

John J. McAuliffe, Treasurer

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

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Delaware

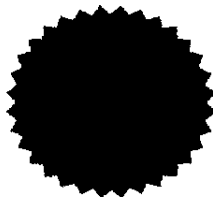
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I.A. EUROPE MARKETING CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2138979

DATE: 12-11-02