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## TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

Division of corporations
SUBJECT: MARKETING INNOVATORS Int'l, 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", 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:
RICHARD SAMUEL (Name of Person)
(Name of Person)
MARKETING INNOVATORS INT', Inc.
(Firm/Company)
9701 W. Higgins Road
MARKETING INNOVATORS Int'l, Inc.  (Firm/Company)  9701 W. Higgins Road  (Address)  Rosemont, IL. 60018
(City/State and Zip code)
For further information concerning this matter, please call:
Richard Samuel at 847, 692-0670  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDRESS:  Registration 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 & ☐

## 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. MARKETING INNOVATORS INTERNATIONAL 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. Illinois (State or country under the law of which it is incorporated)  3. 36-2960726 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/3/1983 5. Perpetua (Duration: Year corp. will cease to exist or "perpetual")
,
6. 6/16/2003
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9701 W. Higgins Road Rosemont, IL. 60018 (Principal office address)
Same (Current mailing address)
(Current maning address)
8. Selling Incentive Servicer, Products including Travel and Muchandire  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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)
James Punda
Name: James Purdy
Office Address: 11842 W. Waterway  Homosassa , Florida 34448  (City) (Zip code)
Hamacaeca 34448
Homosassa , Florida 34448 (Zip code)
型法 o
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 dutie
and I am familiar with and accept the obligations of my position as registered agent.

- 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	1 - 1
	Chairman:	
	Address:	9701 W. Higgins Road
		Rosemont, IL. 60018
	Vice Chairman:	
	Address:	
	Director:	
	Address:	
	Director:	
	Address:	<u> </u>
	B. OFFICERS	
	CEO President:	LOIS M. LE MENAGER
	Address:	
		Rosement, II. 60018
	Wise President:	RICHARD BLABOLIL
	Address:	9701 W. Hissins Road
		fosemont IL. 60018
EVP+	Secretary:	SHERRY BLABOLIL - DAS
	Address:	9701 W. Hissins Road Rosemont, IL. 60018
	Treasurer:	
	Address:	
	NOTE 10	
	<i>P</i> .	ry, you may attach an addendum to the application listing additional officers and/or directors.  M. E. Minager
	13. (Si	gnature of Director or Officer listed in number 12 of the application)
		015 M. LEMENAGER CEO + Chairman of the Board
	<del></del>	(Typed or printed name and capacity of person signing application)



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

12TH

day of

NOVEMBER A.D.

Desse White