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Handwritten signature/initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVENTURE MARKETING, 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:

ROBERT A. POMEREN
(Name of Person)

ADVENTURE MARKETING, INC.
(Firm/Company)

P.O. Box 14109
(Address)

FORT PIERCE, FL 34979-4109
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT A. POMEREN at (800) 281-3133
(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

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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. ADVENTURE MARKETING, 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. DELAWARE

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

3. 59-3146534

(FEI number, if applicable)

4. OCTOBER 20, 1992

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(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. 1025 GRANDVIEW BLVD., FT. PIERCE, FL 34982

(Principal office address)

P.O. Box 14109, FT. PIERCE, FL 34979-4109

(Current mailing address)

8. GENERAL ADVERTISING SALES

(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: ROBERT A. POMEREN

Office Address: 1025 GRANDVIEW BLVD.

FORT PIERCE, Florida 34982

(City)

(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.

Robert A. Pomeran

(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:

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A. DIRECTORS

Chairman: ROBERT A. POMEREN

Address: 1025 GRANDVIEW BLVD.
FT. PIERCE, FLORIDA 34982

Vice Chairman: JUDY A. POMEREN

Address: SAME

Director: ROBERT A. POMEREN JR.

Address: SAME

Director: _____

Address: _____

B. OFFICERS

President: ROBERT A. POMEREN

Address: 1025 GRANDVIEW BLVD
FORT PIERCE, FLORIDA 34982

Vice President: ROBERT A. POMEREN JR.

Address: SAME

Secretary: JUDY A. POMEREN

Address: SAME

Treasurer: JUDY A. POMEREN

Address: SAME

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TALLAHASSEE, FLORIDA

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

13. Robert A. Pomeran
(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT A. POMEREN
(Typed or printed name and capacity of person signing application)

Delaware

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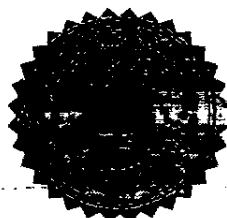
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVENTURE MARKETING, INC." 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 EIGHTEENTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVENTURE MARKETING, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2313277 8300

AUTHENTICATION: 3181330

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DATE: 06-18-04