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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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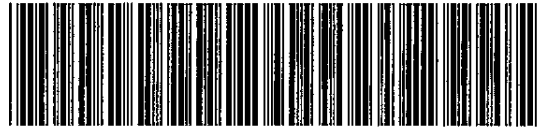
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 MAY 15 PM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C-8518

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMEX VENTURES 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:

LARISA KHARITON

(Name of Person)

EMEX VENTURES INC.

(Firm/Company)

8708 SAN PABLO AVE.

(Address)

NORTH FORT, FL 34287

(City/State and Zip code)

For further information concerning this matter, please call:

LARISA KHARITON

(Name of Person)

at (440) 442-2378

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 & 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. **EMEX VENTURES 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. **OHIO**

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

3. **82-0556322**

(FEI number, if applicable)

4. **09/01/02**

(Date of incorporation)

5. **PERPETUAL**

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **8708 SAM PABLO AVE. NORTH PORT, FL 34287**

(Principal office address)

SAME

(Current mailing address)

8. **TO PROMOTE EDUCATIONAL AND CULTURAL EXCHANGE**

(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 NOT acceptable)

Name:

LARISA KHARITON

Office Address:

8708 SAN PABLO AVE

NORTH PORT

(City)

, Florida **34287**

(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.

L. Khariton

(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.

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06 MAY 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: LARISA KHARITON

Address: 8708 SAN PABLO AVE
NORTH PORT, FL 34287

Vice Chairman: JON CLARK

Address: 8708 SAN PABLO AVE
NORTH PORT, FL 34287

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LARISA KHARITON

Address: 8708 SAN PABLO AVE
NORTH PORT, FL 34287

Vice President: JON CLARK

Address: 8708 SAN PABLO AVE
NORTH PORT, FL 34287

Secretary: JON CLARK

Address: 8708 SAN PABLO AVE., NOTH PORT FL 34287

Treasurer: LARISA KHARITON

Address: 8708 SAN PABLO AVE., NOTH PORT FL 34287

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

13. X L. Khariton
(Signature of Director or Officer listed in number 12 of the application)

14. LARISA KHARITON
(Typed or printed name and capacity of person signing application)

FILED
06 MAY 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show EMEX VENTURES INC., an Ohio corporation, Charter No. 1333288, having its principal location in Mayfield Hts, County of Cuyahoga, was incorporated on September 01, 2002 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 4th day of May, A.D. 2006*

J. Kenneth Blackwell

Ohio Secretary of State