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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.2.5-11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MARCUS DANIEL, 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:

Marcus Daniel Morine

(Name of Person)

MARCUS DANIEL, INC.

(Firm/Company)

609 Eighth Street South

(Address)

Olde Naples, Florida 34102-6701

(City/State and Zip code)

For further information concerning this matter, please call:

Marcus Daniel Morine

(Name of Person)

at (239) 435-1277

(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. **MARCUS DANIEL, 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. **Wyoming**

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

3. **20-8604122**

(FEI number, if applicable)

4. **February 13, 2007**

(Date of incorporation)

5. **Perpetual**

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

6. **N/A**

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

7. **609 Eighth Street South, Olde Naples, Florida 34102-6701**

(Principal office address)

609 Eighth Street South, Olde Naples, Florida 34102-6701

(Current mailing address)

8. **Tobacco & Related Products**

(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: **Marcus Daniel Morine**

Office Address: **609 Eighth Street South**

Olde Naples

(City)

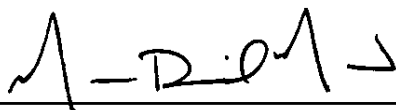
, Florida **34102-6701**

(Zip code)

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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.



(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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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Marcus Daniel Morine

Address: 609 Eighth Street South

Olde Naples, Florida 34102-6701

Director: _____

Address: _____

B. OFFICERS

President: Marcus Daniel Morine

Address: 609 Eighth Street South

Olde Naples, Florida 34102-6701

Vice President: _____

Address: _____

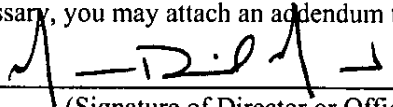
Secretary: Marcus Daniel Morine

Address: 609 Eighth Street South, Olde Naples, Florida 34102-6701

Treasurer: _____

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Marcus Daniel Morine, President

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

ADDENDUM

B. OFFICERS

Chief Financial Officer: **Marcus Daniel Morine**

Address: **609 Eighth Street South, Olde Naples, Florida 34102-6701**

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Marcus Daniel, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **February 13, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000531929**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of May, 2007 at 2:45 PM. This certificate is assigned 001250111.




Secretary of State

**STATE OF WYOMING * SECRETARY OF STATE
MAX MAXFIELD
BUSINESS DIVISION**

200 West 24th Street, Cheyenne, WY 82002-0200

Phone 307-777-7311 · Fax 307-777-5339

Website: <http://soswy.state.wy.us> · Email: corporations@state.wy.us

Certificate of Good Standing Validation

May 7, 2007

Certificate number 001250111 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office.