F08000003829

| (Requestor's Name) |
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| (Address) |
| (Addiess) |
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| (Address) |
| |
| (City (Chata (7)) (Dhana 4) |
| (City/State/Zip/Phone #) |
| ☐ PICK-UP ☐ WAIT ☐ MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Booth Humbor) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

08 SEP -2 PM 5:00

| TO: New Filing Section Division of Corporations | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: Mar Mar Importing Inc (Name of corporation - must include suffix) | | | | |
| (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: | | | | |
| Javier Martinez (Name of Person) | | | | |
| (Name of Person) | | | | |
| Mar Mar Importing, Inc. (Firm/Company) | | | | |
| (Firm/Company) | | | | |
| (Firm/Company) 3820 Oceanic Dr, Suite #307 (Address) | | | | |
| (Address) | | | | |
| Oceans Ide (A 92056 (City/State and Zip code) | | | | |
| (City/State and Zip code) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| Tavler Martinez at (760) 908-5449 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | |
| New Filing Section New Filing Section | | | | |
| Division of Corporations Division of Corporations | | | | |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & | | | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. | TED TO | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| 1 Mar Mar Imparting 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. California 3. 87 0736066 | | |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) | | - |
| 4. November 9, 2004 5. Perpetual | | - |
| (Date of incorporation) (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. 3820 Oceanic Dr. Suite #307 Oceanside , CA. | 920 | 56 |
| (Principal office address) | 122 | 1 - 1 |
| 3820 Oceanic Dr Suite #307, Oceansive (A, | 920 | 56 |
| (Current maring address) | | ت |
| 8. Wholesale liguor to Distributor | 2 | SZ SZ |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | E SE | <u> 2</u> 2 |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | 7. | 유달뉴 |
| Name: JOHN A. BARTON | PH | COR |
| Office Address: 3537 ROAWOKE ST | ئ ح | F S |
| 77 11 11 | 90 | ATE STATE |
| / he lill ages , Florida 32/62 (Zip code) | | SNC |
| 10. Registered agent's acceptance: | | |
| Having been named as registered agent and to accept service of process for the above stated corporate | | |
| designated in this application, I hereby accept the appointment as registered agent and agree to act is further agree to comply with the provisions of all statutes relative to the proper and complete perforn | | |
| 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: |
|-----|-------|------|----------|-----------|----|----------|--------|------------|
|-----|-------|------|----------|-----------|----|----------|--------|------------|

| FILEÐ | | | | | | |
|----------|----|----|----|----|-----|-----|
| SECRE | TA | RY | OF | S | TAT | Ε |
| DIVISION | 0F | CC | RP | OR | ATI | ONS |

| A. DIRECTORS | SECRETARY DIVISION OF C | OF STATE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|
| | | - |
| Chairman: | 08 SEP -2 | rn 5: 00 |
| Address: | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | ······ |
| | | |
| Director: | | |
| Address: | | |
| B. OFFICERS President: VICTOR Martinez | | |
| Address: 3820 Oceanic Prive, Suite #307 | | |
| Oceanside, CA, 92056 | | |
| | | |
| Address: 3820 Oceanic Prive Suite #307 | | |
| | | |
| Secretary: Marion Martinez | | A701-1 |
| Address: 3820 Oceanic Drive, Suite #307, Ocean | nside, CA | <u>, 12056</u> |
| Address: <u>Javier Martines</u> Address: <u>3820 Oceanic Drive</u> , Suite #307, Oceans | side, (A, | 17101 |
| Address: | 100 , (21) | 92000 |
| NOTE: If necessary, you may attach an addendum to the application listing additional of | fficers and/or direc | tors. |
| 13. Javes Marketter | | |
| (Signature of Firector or Officer listed in number 12 of the applicants of the Appli | ation) YEQSUICY | |
| (Typed or printed name and capacity of person signing application) | on) | |

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MAR MAR IMPORTING, INC.

FILE NUMBER:

C2586424

FORMATION DATE:

11/09/2004

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 27, 2008.

DEBRA BOWENSecretary of State

OSP 06 9973 SRB

NP-25 (REV 1/2007)