

F080000005459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

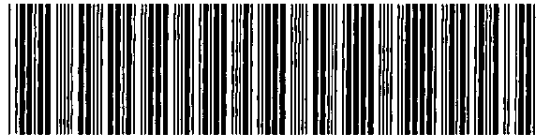
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W08-54448



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 19 PM 1:24

YND 12/31

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAZOOMA, 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:

David K. Blattner, Esquire

(Name of Person)

David K. Blattner, P.A.

(Firm/Company)

100 South Pine Island Road, Suite 134

(Address)

Plantation, Florida 33324

(City/State and Zip code)

For further information concerning this matter, please call:

David K. Blattner, Esquire at (954) 236-0208

(Name of Person)

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2008

DAVID K. BLATTNER, ESQUIRE
100 SOUTH PINE ISLAND ROAD
SUITE 134
PLANTATION, FL 33324

SUBJECT: MAZOOMA, INC.
Ref. Number: W08000054448

We have received your document for MAZOOMA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 308A00059520

DAVID K. BLATTNER, P.A.

Attorney at Law

100 South Pine Island Road
Suite 134
Plantation, Florida 33324

Phone: (954) 236-0208
Fax: (954) 236-0508
www.dkblattnerlaw.com

December 17, 2008

VIA FEDEX

Ms. Clarethia Golden
New Filing Section
Division of Corporations
Florida Department of State
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Mazooma, Inc.
Reference No. W08000054448**

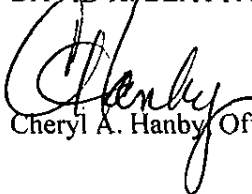
Dear Ms. Golden:

Pursuant to your letter of December 8, 2008 (copy enclosed), attached find the Application with the information completed and a Certificate of Good Standing from the State of Delaware.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

DAVID K. BLATTNER, P.A.


Cheryl A. Hanby, Office Administrator

enclosures
07-10478

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.

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1. MAZOOMA, 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.

75-3261722

(FEI number, if applicable)

4.

10-21-2008

(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. 1521 Alton Road #135

(Principal office address)

Miami Beach, Florida 33139

(Current mailing address)

8. Any lawful purpose

(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:

NRAI Services, Inc.

Office Address:

2731 Executive Park Drive, #4

Weston

(City)

, Florida 33331

(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.

(Registered agent's signature)

Angela Gawlinski-Asst. Secretary

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SEAN KELLY

Address: 800 WEST AVE #905, MIAMI BEACH, FL, 33139

Director: _____

Address: _____

B. OFFICERS

President: SEAN KELLY

Address: 800 WEST AVE, #905, MIAMI BEACH, FL, 33139

Vice President: _____

Address: _____

Secretary: SEAN KELLY

Address: 800 WEST AVE, #905, MIAMI BEACH, FL, 33139

Treasurer: SEAN KELLY

Address: 800 WEST AVE #905 MIAMI BEACH, FL, 33139

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. SEAN KELLY

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

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAZOOMA, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAZOOMA, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2007.

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 7024029

DATE: 12-15-08