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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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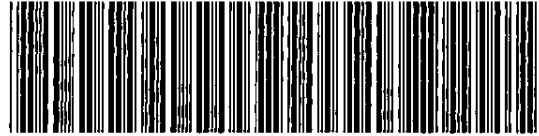
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
9/16

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MARBLECROSS CORP.

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:

Lucius Smejda

Name of Person

Marblecross Corp.

Firm/Company

1602 Alton Road # 100

Address

Miami Beach, FL. 33139

City/State and Zip code

exexusa@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucius Smejda

Name of Person

at ( 786 ) 303-3313

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. Marblecross Corp.

(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. 26-4443051

(FEI number, if applicable)

4. November 5, 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. 2710 Thomes Ave., Cheyenne, WY 82001

(Principal office address)

1602 Alton Road # 100, Miami Beach, FL. 33139

(Current mailing address)

8. General

(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: Cyberex Inc.

Office Address: 150 SE 2nd Ave. # 100

Miami, Florida 33131

(City)

(Zip code)

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TALLAHASSEE FLORIDA

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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**A. DIRECTORS**

Chairman: L Smejda

Address: 1602 Alton Road # 100, Miami Beach, FL. 33139

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Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: L Smejda

Address: 2710 Thomes Ave., Cheyenne, WY 82001

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: L Smejda

Address: 2710 Thomes Ave., Cheyenne, WY 82001

Treasurer: L Smejda

Address: 2710 Thomes Ave., Cheyenne, WY 82001

**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. Lucius Smejda

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

**STATE OF WYOMING**  
**Office of the Secretary of State**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**MARBLECROSS, CORP.**

is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **November 5, 2008**, comply with all  
applicable requirements of this office. Its period of duration is Perpetual. This entity has been  
assigned entity identification number **2008-000562295**.

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 1st day of September, 2009 at 3:58 PM. This certificate is assigned 005941828.



*Max Maxfield*  
Secretary of State