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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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12 JAN 31 PH 12: 36
SECRETARY OF STATE
FALL AHASSEE. FLORIDA

MR)

COVER LETTER

TQ:	Properties New Filing Section Division of Corporations	
SUBJ	BJECT: MOXIE MARKETING, INC.	
	Name of corporation - must include suffix	-
Dear !	ar Sir or Madam:	
"Certi	e enclosed "Application by Foreign Corporation for Authorization to Transact Busine ertificate of Existence," or "Certificate of Good Standing" and check are submitted to ove referenced foreign corporation to transact business in Florida.	
Please	ase return all correspondence concerning this matter to the following:	1
Ros	osa Anguiano-Garcia	
	Name of Person	
Mox	loxie Marketing, Inc	
	Firm/Company	
126	2651 Fair Glen Ln	
	Address	
Vict	ctorville Ca 92392	
	City/State and Zip code	
rosa	sa@anguianoconsulting.com	
	E-mail address: (to be used for future annual report notification	on)
For fu	further information concerning this matter, please call:	
Rosa	osa Anguiano-Garcia at (760) 956-5050	
	Name of Person Area Code & Daytime Telephone Num	ber
	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 Corporation Division of Corporation Tallahassee, FL 32314	ns
Enclos	closed is a check for the following amount:	
□ \$	Certificate of Status Certified Copy Ce	7.50 Filing Fee, rtificate of Status & rtified 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.

INIONIE EVI	ENTS, INC.		
(If name unava	ilable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	g business in Florida)
TEXAS	3	27-3430231	
(State or country	y under the law of which it is incorporated)	(FEI number, if appl	ícable)
09/03/2010		PERPETUAL	
(Da	te of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
		in Florida, if prior to registration) 1502, F.S., to determine penalty liabilit	ty)
4651 SALI	SBURY RD STE 432 JACKSO	ONVILLE FL 32256	
	(Principal office ad	dress)	
600 SIX F	LAGS DR STE 401 ARLING	STON TX 76011	
	(Current mailing ad	dress)	
THE PURPOSE FOR WHICH TH	PE CORPORATION IS ORGANIZED IS FOR THE TRANSACTIONS OF MAY AND ALL LAWFUL.	BI HEIMERE SOD WHIPLI COBROBATIONS MAY BE ODGANIZED DETAIL IN	TORG MADUTING SALES APARTISMS
	s) of corporation authorized in home state or c		
_	•	•	
Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2 J
	MORGAN L BERIGAN		至是
Name:	AGE1 CALICOLIDY DD CTE 420	2	12 JAN 31 FR ILL SECRETARY OF STATE TALL AHASSEE. FLORID
	4651 SALISBURY RD STE 432		
Name:	JACKSONVILLE	, Florida 32256	- (1) T
Name:		, Florida 32256 (Zip code)	LOR STA

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: FILED A. DIRECTORS 12 JAN 31 PM 12: 36 Chairman: MORGAN L'BERIGAN Address: 4651 SALISBURY RD STE 432 JACKSONVILLE FL 32256 Vice Chairman: MORGAN L BERIGAN Address: 4651 SALISBURY RD STE 432 JACKSONVILLE FL 32256 Director: MORGAN L BERIGAN Address: 4651 SALISBURY RD STE 432 JACKSONVILLE FL 32256 Director: Address: **B. OFFICERS** President: MORGAN L BERIGAN Address: 4651 SALISBURY RD STE 432 JACKSONVILLE FL 32256 Vice President: MORGAN L BERIGAN Address: 4651 SALISBURY RD STE 432 JACKSONVILLE FL 32256 Secretary: MORGAN L BERIGAN Address: 4651 SALIBURY RD STE 432 JACKSONVILLE FL 32256 Treasurer: MORGAN L BERIGAN Address: 4651 SALISBURY RD STE 432 JACKSONVILLE FL 32256 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name and capacity of person signing application)

Gorporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Hope Andrade Secretary of State

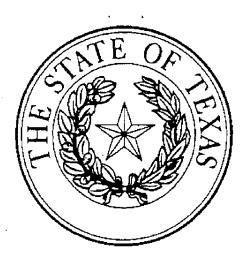
FILED 12 JAN 31 PM 12: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MOXIE MARKETING, INC. (file number 801314564), a Domestic For-Profit Corporation, was filed in this office on September 03, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 27, 2012.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEE

Dial: 7-1-1 for Relay Services Fax: (512) 463-5709 Document: 406155390003 TID: 10264