

F12000003187

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

J. Shivers AUG 02 2012

W12-32756
647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2012

BARBARA WESTHORPE
3960 N FLAGLER DR SUITE 201
WEST PALM BEACH, FL 33407

SUBJECT: RESPONSE MEASUREMENT INC.
Ref. Number: W12000032790

We have received your document for RESPONSE MEASUREMENT 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):

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 212A00016856

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RESPONSE MEASUREMENT 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," or "Certificate of Good Standing" 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:

BARBARA WESTHORPE

Name of Person

RESPONSE MEASUREMENT INC.

Firm/Company

3960 NORTH FLAGLER DR., SUITE 201

Address

WEST PALM BEACH, FL 33407

City/State and Zip code

BWESTHORPE@BAMBOOCRICKET.COM

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

For further information concerning this matter, please call:

BARBARA WESTHORPE

Name of Person

at (561) 509-5457

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. RESPONSE MEASUREMENT 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. _____

(FEI number, if applicable)

4. MARCH 21, 2012

(Date of incorporation)

5. PERPETUAL

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

6. DATE OF REGISTRATION

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

7. 203 N.E. FRONT ST., STE. 101, MILFORD, DE 19963

(Principal office address)

3960 NORTH FLAGLER DR., SUITE 201, WEST PALM BEACH, FL 33407

(Current mailing address)

8. ANY LAWFUL ACT OR ACTIVITY

(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: **BARBARA WESTHORPE**

Office Address: **3960 NORTH FLAGLER DR., SUITE 201**

WEST PALM BEACH, Florida **33407**

(City)

(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)

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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: BARBARA WESTHORPE

Address: 3960 NORTH FLAGLER DR., SUITE 201

WEST PALM BEACH, FL 33407

Director: PAUL WESTHORPE

Address: 3960 NORTH FLAGLER DR., SUITE 201

WEST PALM BEACH, FL 33407

B. OFFICERS

President: PAUL WESTHORPE

Address: 3960 NORTH FLAGLER DR., SUITE 201

WEST PALM BEACH, FL 33407

Vice President: _____

Address: _____

Secretary: BARBARA WESTHORPE

Address: 3960 NORTH FLAGLER DR., SUITE 201, WEST PALM BEACH, FL 33407

Treasurer: BARBARA WESTHORPE

Address: 3960 NORTH FLAGLER DR., SUITE 201, WEST PALM BEACH, FL 33407

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

13. *Barbara Westhorpe*

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.

14. BARBARA WESTHORPE

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 1 1991

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESPONSE MEASUREMENT 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 TWENTY-THIRD DAY OF JULY, A.D. 2012.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5128586 8300

120838287

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9726631

DATE: 07-23-12