

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

TO: New Filing Section Division of Corporations
SUBJECT: A. Cullen Davis & Associates, 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:
Andrey Cullen
Audrey Cullen Name of Person
A. Cullen Davis : Associates, Inc.
Firm/Company
9467 Grand Estates Way
Address
Boca Raton, FL 33496
City/state and Zip code
augu audrey @acullen.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Audrey Cullen at (501) 212-7253 5 = Area Code & Daytime Telephone Number 75
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER 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 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee \$ Certified Copy \$87.50 Filing Fee, Certified Copy \$87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. A · C (Enter name of co	WITH SECTION 607.1503, FLORIDAS SEIGN CORPORATION TO TRANSACT DAVIS C proporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") The in Florida, enter alternate corporate name	BUSINESS IN THE STATE OF FLO ASSOCIATES, I D," "COMPANY," "CORPORATION,	ORIDA. CMC:
- 1			
	under the law of which it is incorporated)	(FEI number, if applic	able)
4. May	16,2012 5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to e	xist or "perpetual")
6	(6)		
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)
7. 9467 (Grand Estates Way		•
9858 ((Principal office add Clin+ Moore Road (Current mailing add	Suite C-111 #	251, Boar Rat FL 33
(Purpose(s)	tive Search / Cerry of corporation authorized in home state or contains address of Florida registered agent: (P.C.)	ountry to be carried out in state of Flori	industry
Name:	Hudrey allen D	Pavi's	AHASSA
Office Address:	9467 Grand Esta	tes Way	Me se con
		, Florida 3349 (FS 3
	(City)	(Zip code)	: 26
designated in this (further agree to co	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints mply with the provisions of all statutes r with and accept the obligations of my po	ment as registered agent and agree relative to the proper and complete p	orporation at the place to act in this capacity. I
	Auchen Mellen	Davis	
	(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. Nan	nes and business addresses of officers and/or directors:		
A. DIR	ECTORS		
Chairmar	n:		
			· · · · · · · · · · · · · · · · · · ·
Vice Cha	irman;		
Address:		.	
Director:	Heather Anysbigian		
rudi Coo.	9467 Grand Estates Way Boca Raton, FL 33496		
Director:	·		
Address:			
	Hudrey Cullen Dayis 9467 Grand Estates Way Boca Raton, FL 33496	ALLAHAS	
Vice Pres	sident:	- <u>Fac.</u>	
Address:		FLORIC	#
Secretary	: Audrey Cullen Davis	*	GN
Address:	9467 Grand Estates Way, Borg Rator	1, FL	33496
Treasurer	9447 Grand Estates Way, Boca Rator Audrey Cullen Davis		
Address:	9467 Grand Estates Way Boca Rator	1, PC	33491
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	d/or direct	ors.
13	Signature of Director or Officer		
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the and that he or she is aware that false information submitted in a document to the Departme cree felony as provided for in s.817.155, F.S.		
14	(Typed or printed name and capacity of person signing application)		
	(Typed or printed name and capacity of person signing application)		

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A. CULLEN DAVIS & ASSOCIATES, 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 THIRTEENTH DAY OF JULY, A.D. 2012.

5155705 8300

120815511

Jeffrey W. Bullock, Secretary of State AUTHENTACATION: 9707946

DATE: 07-13-12

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