F1400006752

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

Office Use Only



900256753409

02/18/14--01027--007 **70.00



COVER LETTER

Ton New Filing Section		<u> </u>	į.
Division of Corporations ZENTURE, INC SUBJECT:	.		
	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good S	Standing" and check are sub	
Please return all correspondence KATHLEEN V. SCIONEAUX		atter to the following:	
CARAWAY & ASSOCIATES		of Person	
1515 HERITAGE DRIVE, S		Company	
MCKINNEY, TX 75069	A	ddress	
KSCPARMC@HOTMAIL.C		te and Zip code	
E-mai	address: (to be us	ed for future annual report r	notification)
For further information concerning	ng this matter, plea	se call:	
KATHLEEN SCIONEAUX	214 at (935-3603	
Name of Person	Ar	rea Code & Daytime Teleph	one 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 follow	ving amount:		
	75 Filing Fee & tificate 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. ZENTURE, INC. 1. (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) 20-0235467 (State or country under the law of which it is incorporated) (FEI number, if applicable) 08/01/2003 (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 1/1/2014 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3032 EAST COMMERICAL BLVD PMB 65 (Principal office address) FORT LAUDERDALE, FL 33308 (Current mailing address) ACCUPUNCTURE THERAPY (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) SHARON BAIRD Name: 3032 EAST COMMERICAL BLVD PN Office Address: FORT LAUDERDALE (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.

Sham Band
(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: A. DIRECTORS SHARON BAIRD Chairman: 3032 EAST COMMERCIAL BLVD PMB 65 Address: FORT LAUDERDALE, FL 33308 Vice Chairman: Address: Director: Director: Address: _____ **B. OFFICERS** SHARON BAIRD 3032 EAST COMMERCIAL BLVD PMB 65 Address: FORT LAUDERDALE, FL 33308 Vice President: Address: Secretary: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13: ____ Sharm Bourd 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. SHARON BAIRD PRESIDENT (Typed or printed name and capacity of person signing application)

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for ZENTURE, INC. (file number 800241720), a Domestic For-Profit Corporation, was filed in this office on August 25, 2003.

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

It is further certified that our records indicate FINANCIAL BUSINESS MATTERS, INC. as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1515 HERITAGE DR, STE. 106

MCKINNEY, TX - 75070 USA

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 February 04, 2014.



NANDITA BERRY

Nandita Berry Secretary of State