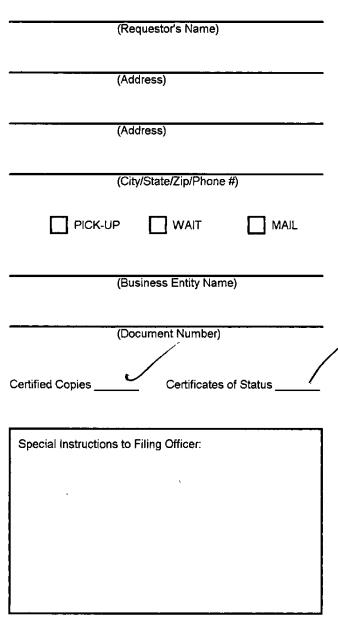
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INTERIOR OF TREPORATION

COVER LETTER

TO:	New Filing Section Division of Corporations			
SHRI	ECT: JAN Marketing S	olut	tions, Inc.	
5 C D a			- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corporati ficate of Existence," or "Certificate of Goo referenced foreign corporation to transact	od Stan	ding" and check are sub	
	return all correspondence concerning this nes Neville	s matter	to the following:	
	· -	me of I		
JAI	N Marketing Solutions	s, In	C.	
PO	Box 4470	m/Com	pany	
		Addre	ss	
Sta	iteline, NV 89449			
	•		nd Zip code	
<u>jne</u>	ville@janmarketingsolut			
	E-mail address: (to be	e used t	or future annual report n	iotification)
For fu	rther information concerning this matter, p	olease c	all:	
Jar	nes Neville at (77	75	298-1047 Code & Daytime Telepho	
	Name of Person	Area C	Code & Daytime Telepho	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	
Enclos	ed is a check for the following amount:			
□ \$70	0.00 Filing Fee \$\square\$ \$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. JAN Marketing Solutions, 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) 3. 46-1841192 (FEI number, if applicable) , Nevada (State or country under the law of which it is incorporated) _{5.} Perpetual 01/22/2013 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 297 Kingsbury Grade, Suite 1115, Stateline, NV 89449 (Principal office address) PO Box 4470, Stateline, NV 89449 (Current mailing address) 8. Any Legal Purpose
(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) REGISTERED AGENTS INC.

10. Registered agent's acceptance:

Name:

Office Address:

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.

, Florida 33607

3030 N. Rocky Point Dr, STE 150A

Tampa

(City)

Dan Keen - President

(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 Chairman: Address: Vice Chairman: ____ Address: ____ David Batrick Address: P.O. Box 0816-00386 Panama City, Panama Director: ___ **B. OFFICERS** President: David Batrick Address: P.O. Box 0816-00386 Panama City, Panama Vice President: David Batrick Address: P.O. Box 0816-00386, Panama City, Panama Treasurer: David Batrick Address: P.O. Box 0816-00386, Panama City, Panama 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. 14. James Neville, Chief Executive Officer-Vice Treasurer

ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

B. Additional Officers:

Chief Executive Officer:

James Neville

297 Kingsbury Grade, Suite 1115

PO Box 4470

Stateline, NV 89449

Vice Treasurer:

James Neville

297 Kingsbury Grade, Suite 1115

PO Box 4470

Stateline, NV 89449

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, JAN MARKETING SOLUTIONS INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 22, 2013, and is in good standing in this state.

G.A. OF THE STATE OF THE STATE

Electronic Certificate
Certificate Number: C20140428-1725
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 28, 2014.

ROSS MILLER Secretary of State