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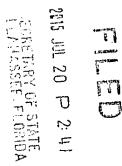
(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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**3 MASON** 

## **COVER LETTER**

TO: Registration Sec				
Division of Corp	porations			
SUBJECT: Startup V				
	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
The enclosed "Applicati "Certificate of Existence above referenced foreign	e," or "Certificate of	Good Stan	ding" and check are sub	
Please return all corresp	ondence concerning	this matter	to the following:	
Robert J. Dombkowski				
		Name of	Person	
Startup Venture Network,	Inc.			
		Firm/Com	pany	
13728 SE 88th Ave.				
		Addre	ess	
Summerfield, FL 34491				
<del></del>	(	City/State au	nd Zip code	<u>, , , , , , , , , , , , , , , , , , , </u>
rjd@startupventurenetworl	k.com			
•	E-mail address: (	to be used f	or future annual report	notification)
For further information of	concerning this matt	er, please c	all:	
Robert J. Dombkowski	at	( 530	) 426-2754	
Name of Person		Area Code	Daytime Telep	hone Number
STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is a check for t	he following amoun	t:		
□ \$70.00 Filing Fee	\$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

## 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.

(If name unaveil			and in the lines in Elevision	
(II hame unavan	able in Florida, enter alternate corporate name ad	opted for the purpose of transa	icting business in Florida)	
Nevada, USA		27-5273992		
(State or count	ry under the law of which it is incorporated)	(FEI number, i	f applicable)	
. 02/25/2011	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
		z, r.s., to determine penalty ha	ability)	
13728 SE 88th A	ve., Summerfield, FL 34491	office address)		
	(Fincipal	office address)		
PO Box 475. Sur	nmerfield. FL 34492	11 '0 1'00 ()		
	(Current maining	address, if different)		
	at address of Florida resistand scents (P.O.	Dou NOT acceptable)		
. Name and stree	et address of Florida registered agent: (P.O.	box <u>itor</u> accepatole)	255	
Name and street	Robert J. Dombkowski		S socreta	
Name:	Robert J. Dombkowski		ALL PROPERTY AND A STATE OF THE	
Name:			ALL PROPERTY AND A STATE OF THE	
Name:	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield	, Florida <u>34491</u>	ALL PROPERTY AND A STATE OF THE	
Name:	Robert J. Dombkowski  13728 SE 88th Ave.		ALL PROPERTY AND A STATE OF THE	
Name: Office Address:	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield  (City)	, Florida <u>34491</u>		
Name:  ffice Address:  Registered ag	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield	, Florida <u>34491</u> , Zip code)	JUL 20 P 2: IV	
Name: ffice Address:  Registered ag aving been namesignated in this	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield  (City)  ent's acceptance: led as registered agent and to accept services application, I hereby accept the appointment.	, Florida 34491 , Florida 34491 (Zip code) to of process for the above sint as registered agent and	tated corporation at the pagree to act in this capac	
Name:  office Address:  Registered ag  laving been namesignated in this  orther agree to contact.	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield  (City)  ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rel	, Florida 34491, Florida 34491 (Zip code)  t of process for the above so the as registered agent and ative to the proper and con	tated corporation at the pagree to act in this capacinplete performance of my	
Name: Office Address: Registered ag laving been nam esignated in this urther agree to c	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield  (City)  ent's acceptance: led as registered agent and to accept services application, I hereby accept the appointment.	, Florida 34491, Florida 34491 (Zip code)  t of process for the above so the as registered agent and ative to the proper and con	tated corporation at the pagree to act in this capacinplete performance of my	
Name: Office Address:  Registered ag laving been nam esignated in this urther agree to c	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield  (City)  ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rel	, Florida 34491, Florida 34491 (Zip code)  t of process for the above so the as registered agent and ative to the proper and con	tated corporation at the pagree to act in this capacinplete performance of my	
Name: Office Address: Registered ag laving been nam esignated in this urther agree to c	Robert J. Dombkowski  13728 SE 88th Ave.  Summerfield  (City)  ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rel	, Florida 34491, Florida 34491 (Zip code)  t of process for the above so the as registered agent and ative to the proper and con	tated corporation at the pagree to act in this capacitate performance of my	

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Robert J. Dombkowski Address: PO Box 475 Summerfield, FL 34492 Vice Chairman: Address: \_\_\_\_ Director: **B. OFFICERS** President: Robert J. Dombkowski Address: PO Box 475 Summerfield, FL 34492 Vice President: Robert J. Dombkowski Address: PO Box 475 Summerfield, FL 34492 Secretary: Robert J. Dombkowski Address: PO Box 475, Summerfield, FL 34492 Treasurer: Robert J. Dombkowski Address: PO Box 475, Summerfield, FL 34492 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 11 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. 13. Robert J. Dombkowski

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

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **STARTUP VENTURE NETWORK**, **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 February 25, 2011, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 16, 2015.

Ballara K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150716-0487
You may verify this electronic certificate
online at http://www.nvsos.gov/