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(Requestor's Name)

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2015 OCT 20 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The White Label Firm 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:

Samantha Jackson

Name of Person

Meriam Corporate Services, Inc.

Firm/Company

PO Box 52588

Address

Mesa AZ 85208

City/State and Zip code

meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson

720

318.8456

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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. The White Label Firm 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. New Jersey 3. 47-3436102
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/14/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1516 East Hillcrest Ave Ste 304 Orlando FL 32803
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nona Black

Office Address: 1516 East Hillcrest Ave Ste 304

Orlando, Florida 32803
(City) (Zip code)

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SECRETARY OF STATE

9. 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)

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: Nona Black
1516 East Hillcrest Ave Ste 304 Orlando FL 32803
Address: _____

Vice Chairman: Nona Black
1516 East Hillcrest Ave Ste 304 Orlando FL 32803
Address: _____

Director: Nona Black
1516 East Hillcrest Ave Ste 304 Orlando FL 32803
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Nona Black
1516 East Hillcrest Ave Ste 304 Orlando FL 32803
Address: _____

Vice President: Nona Black
1516 East Hillcrest Ave Ste 304 Orlando FL 32803
Address: _____

Secretary: Nona Black
1516 East Hillcrest Ave Ste 304 Orlando FL 32803
Address: _____

Treasurer: Nona Black
1516 East Hillcrest Ave Ste 304 Orlando FL 32803
Address: _____

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

12. *Nona Black*

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. Nona Black, President
(Typed or printed name and capacity of person signing application)

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2015 OCT 20 AM 10:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

THE WHITE LABEL FIRM INC

0400731852

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 14, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Nona Black
1050 Wall Street West
Suite 203
Lyndhurst, NJ 07071*



Certification# 137463693

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
19th day of October, 2015*

Robert A. Romano

Robert A Romano
Acting State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp