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Special Instructions to	Filing Officer:			
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FLORIDA DEPARTMENT OF STATE Division of Corporations



March 29, 2016

KATHRYN H. WEAVER 8303 BELLA VISTA TERRACE FORT WASHINGTON, MD 20744

SUBJECT: UBIQUITY MARKETING AND MANAGEMENT CONSULTING

INCORPORATED

Ref. Number: W16000020091

We have received your document for UBIQUITY MARKETING AND MANAGEMENT CONSULTING INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 716A00005522

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT:	A BIQUITY MA	PKe+ poration	iva & Manage	ement Consulting INC.
Dear S	ir or Madam:				
"Certif	icate of Exister	ation by Foreign Corpora nce," or "Certificate of Goign corporation to transac	od Stan	ding" and check are sub	
Please	return all corre	spondence concerning th	s matter	to the following:	
	KE	THRYN N.	WE /	AVEIC Person	· · · · · · · · · · · · · · · · · · ·
	UBIQU	ity MARKetin	CE rm/Com	Management pany	+ Consulting INC.
8	303 B	ella Vista	enn Addre	ac <u>e</u>	
	FORT 1	WASHINGTON City) // /State a	ARY LAND	20144
		DUBIQUITO E-mail address: (to.1			
For fur		n concerning this matter, WEAVEL at (-		28 PD Number 23
	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclos	ed is a check fo	or the following amount:			
\$70	0.00 Filing Fee	□ \$78.75 Filing Fee Certificate of Sta		\$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

(If name unavaila	ble in Florida, enter alternate corpor	rate name ado	oted for the purpose of 55089	of transacting busin	ess in Florida)	
(State or country	under the law of which it is incorpo		(FEI no	umber, if applicable	e)	
Uuly (Date	19,2007 of incorporation) Δ	5		ion, if other than pe	rpetual)	
/	(Date first transacted) (SEE SECTIONS 607.150)					
830	03 Bella Vis	(Principal o	ERRACE,	FORTWA	SH INGT O 20	り,フ
	(Cur	rent mailing a	ddress, if different)		Sia D	
Name and street	address of Florida registered ag	zent: (P.O. E	ox NOT acceptab	le)	1	
Name:	DOLETTE M. NYSEU		<u> </u>	,	7	
ice Address:	1650 MARCHEET ST	•				
rec radiess.	JAWSONVILLE (City)		, Florida <u></u>	04 ode)	2:31	
ving been name ignated in this	nt's acceptance: If as registered agent and to accept the Inplication, I hereby accept the Inply with the provisions of all	appointmen	of process for the a t as registered age	above stated corp nt and agree to a	ct in this capa	city

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. DIRE	CTORS KATHRYW H. WEAVER	
	8303 & Bella Vista Terrace, Fort Washington	ind
	.	744
Vice Chair	man:	·
Address: _		
– Director: _		
Address: _		
Director: _		
Address: _		
	CERS KATHRYN H. WEAVER 8303 Bella Vista Terrace, FortWashington, 1	WD_
- Vice Presid	lent:	00744
Secretary:	KATHRYN H. WEAVER	
Address: _ Treasurer:	KATHRYW H. WEAVER	
Address: _		
12	f necessary, you may attach an addendum to the application listing additional officers and/or directors **This is a state of Director of Officer** Signature of Director or Officer* or or director signing this document (and who is listed in number 11 above) affirms that the facts stated	
are true ar	and that he or she is aware that false information submitted in a document to the Department of State cogree felony as provided for in s.817.155, F.S.	
13	(Typed or printed name and capacity of person signing application)	

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT UBIQUITY MARKETING AND MANAGEMENT CONSULTING INCORPORATED, INCORPORATED JULY 19, 2007, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 09, 2016.

Heidi Dudderar

Associate Director

APR 14 PN 2:31



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice