## F1600000a409

| · (Re                                   | equestor's Name)  |             |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | ldress)           |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Do                                     | ocument Number)   | ·           |  |  |
| Certified Copies                        | _ Certificate:    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
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Office Use Only



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SECRETALY OF STATE
AND ANALYSEF FLORIDA

HARRIS

## **COVER LETTER**

|   | Registration Sec<br>Division of Cor |                                    |   |                                     |  |
|---|-------------------------------------|------------------------------------|---|-------------------------------------|--|
| SUBJE                                     | CT·                                 | Media                              | Til 1                                     | -nfinity I                          | nc.  |
| SUBJE                                     |                                     |                                    |   | - must include suffix               |  |
| Dear Sir                                  | or Madam:                           |                                    |   |                                     |  |
| "Certific                                 | cate of Existence                   |                                    | of Good Stan                              | ding" and check are                 | nsact Business in Florida," submitted to register the            |
| Please re                                 | eturn all corresp                   | ondence concerni                   | ng this matter                            | to the following:                   |  |
|   | Jos                                 | hua Miller                         | L   | Person                              |  |
|   | <del>-</del>                        |                                    | Name of I                                 | Person                              |  |
|   | Supreme                             | Marketing 6                        | roup Inc<br>Firm/Com                      | pany                                |  |
|   | 2200                                | N Federal                          |   |                                     |  |
|   |                                     | Boca Rator                         | n FC                                      | urida 334                           | 31   |
|   |                                     |                                    | City/State ar                             | nd Zip code                         |  |
|   |                                     | Josh @                             | Mediat                                    | il. com-<br>or future annual repo   |  |
|   |                                     | E-mail address:                    | (to be used f                             | or future annual repo               | ort notification)  |
| For furth                                 | ner information                     | concerning this ma                 | atter, please c                           | all:                                |  |
| Josh                                      | me Miller                           | ·                                  | at (561                                   | 966 - Daytime Te                    | <del>75</del> 41   |
|   | Name of Person                      | 1                                  | Area Code                                 | Daytime Te                          | lephone Number   |
|   | STREET/COU                          | RIER ADDRESS                       | <b>.</b>                                  | MAILING                             | ADDRESS:   |
| Registration Section                      |                                     | Registratio                        | Registration Section                      |                                     |  |
| Division of Corporations Clifton Building |                                     |                                    | Division of Corporations<br>P.O. Box 6327 |                                     |  |
| :   | 2661 Executive<br>Tallahassee, FL   | Center Circle                      |   |                                     | e, FL 32314  |
| Enclosed                                  | d is a check for                    | the following amo                  | unt:                                      |                                     |  |
| <b>570.</b> 0                             | 00 Filing Fee                       | □ \$78.75 Filing<br>Certificate of |   | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Media Til Infinity Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") MTI Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delawere, United States 3. 81-2408758

(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 4/21/16 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2200 N Federal Hwy Ste. 221 Brea Raton EC 33431

(Principal office address)

4700 NW 2nd Are Ste. 301 Boca Raton FC 33431

(Current mailing address, if different) Allow Markeding Group State of the State of 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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: David DeMarie   |
| Address: 2200 N Federal Huy Stc. 221  |
| Boca Retin FL 33431   |
| Vice Chairman: Joshua Miller  |
| Address: 2000 p. Federal Hwy Stc. 201   |
| Bock Ration Cl 33431  |
| Director:   |
| Address:  |
|   |
| Director:  Address:   |
| Address:  |
|   |
| B. OFFICERS   |
| President: David DeMale   |
| Address: 2000 N Feberal Hung Ste. 201 Book Ration Fl 33431  |
|   |
| Vice President: Joshue Miller   |
| Address: 2200 N Federal Hung Ste 221 Boca Ratur FC 33431  |
|   |
| Secretary: Joshua Miller  |
| Address: 220 N Feberal Hung Ste 221 Boon Partyn FL 33431  |
| Address: 220 N Feeene Hung Ste 221 Boen Raten Fl 37431  Treasurer: David DeMarie  |
| Address: 2200 N Federal Huy Stc. 221 Born Retur FC 3543/  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.   |
| 12. Signature of Director or Officer  |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 shows) officers that the facts stated have in   |
| 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. |
| Joshua Miller   |

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

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEDIA TIL INFINITY INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDIA TIL INFINITY INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

at corn delaware gov/auti

Authentication: 202274314

Date: 05-06-16

6022221 8300 SR# 20162913592