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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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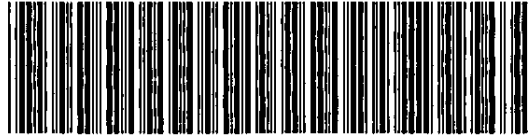
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 8 2016

Ms. Dionne Scott
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


December 6, 2016

Dear Dionne,

I spoke to you this morning regarding the registration for Chapter Two Ventures, Inc. that was originally rejected due to line 6. As you instructed me this morning I am sending you a new copy of the application with line 6 left blank. The \$70 application fee and letter of good standing were sent with our original application. Please call me at 772-918-4867 with any questions you may have.

Thank you very much for your assistance with this.

Regards,


Rita Lowry

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chapter Two Ventures, 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:

Rita Lowry
Name of Person
Chapter Two Ventures, Inc.
Firm/Company
469 Concha Dr.
Address
Sebastian, FL 32958
City/State and Zip code
ChapterTwoVenturesInc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Lowry at (772) 918-4867
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

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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. Chapter Two Ventures, 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. Rhode Island 3. 90-0788183
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/23/2012 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. 469 Loncha Dr Sebastian, FL 32958
(Principal office address)

(Current mailing address, if different)

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

Name: Rita Lowry

Office Address: 469 Loncha Dr.
Sebastian, Florida 32958
(City) (Zip code)

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Rita Lowry

Address: 469 Concha Dr.

Sebastian, FL 32958

Vice President: _____

Address: _____

Secretary: Richard Lowry

Address: 469 Concha Dr. Sebastian, FL 32958

Treasurer: Richard Lowry Sebastian, FL 32958

Address: 469 Concha Dr. Sebastian, FL 32958

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

12. 

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. Rita Lowry, President

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

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TALLAHASSEE, FLORIDA



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

Certification Number: **16110042270**

*The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that*

Chapter Two Ventures, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on

January 23, 2012

Effective

January 23, 2012

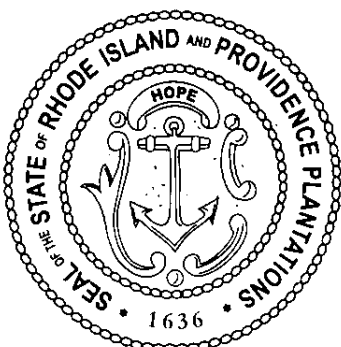
*IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing
under and by virtue of the laws of the State of Rhode Island and is in good standing according
to the records of this office.*

SIGNED AND SEALED ON

Monday, November 14, 2016

Secretary of State

Authorized Agent



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TALLAHASSEE, FLORIDA