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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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**№** \$87.50 Filing Fee.

Certified Copy

Certificate of Status &

☐ \$78.75 Filing Fee &

Certified Copy

TO: Registration Section **Division of Corporations** SUBJECT: A Bear 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: Terry Bailey, Esq. Name of Person The T.S. Bailey Law Firm, LLC Firm/Company 2221 Peachtree Rd. NE Ste. X13 Address Atlanta, Georgia 30309 City/State and Zip code Terry@tsbailevlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (404 ) 969 - 5401 Terry Bailey Daytime Telephone Number Name of Person Area Code MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$78.75 Filing Fee &

Certificate of Status

☐ \$70.00 Filing Fee

# 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.

(Enter name of c	omaration: must include "INCORPORA	TED " "CC	MPANY " "CORPORATION	Ţ · ·
(Enter name of corporation; must include "INCORPORATED," "COI" "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")		NG CANCELLED	••	
			E TO RETURNED	
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(If name unavail	able in Florida, enter alternate corporate	name adopt	ed for the purpose of transacting	g business in Florida)
	·			
Georgia	ry under the law of which it is incorporate	3. 47-4902315 ed) (FEI number, if applicable)		
(State or count	ry under the law of which it is incorporat	(ea)	(Fr.) number, if ap	pheatie)
11/15/2010		5	(Date of duration, if other	
(Date	e of incorporation)		(Date of duration, if other	than perpetual)
N/A (Have not	yet conducted business in Florida)			
	<del> </del>	iness in Flor	ida, if prior to registration)	
	(SEE SECTIONS 607.1501 &	. 607.1502, F	S.S., to determine penalty liabili	ity)
2783 Summit Pa	kway SW Atlanta, GA 30331			
. 277,55 541111111111111111111111111111111111		Principal of	fice address)	<del></del>
		` '	·	
2783 Summit Pa	rkwav SW Atlanta. GA 30331	t mailing ad	dress, if different)	
	(Carren	it maining au	ness, if differency	
. Name and stre	<u>et address</u> of Florida registered agen	t: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	Roben Lindor			
			•	
	6700 Nova Drive Unit 202			
Office Address:				
	Davie (City)		, Florida <u>33317</u> (Zip code)	

). Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to e Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction der the law of which it is incorporated.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:

# FILING CANCELLED DUE TO RETURNED CHECK.

#### A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
B. OFFICERS	
President: Derrick Fields	
Address: 2783 Summit Parkway SW Atlanta, GA 30331	
Vice President: Marcus Fields	
Address: 2783 Summit Parkway SW Atlanta, GA 30331	2 3 A
Secretary: Derrick Fields	<u> </u>
Address:	98 5
Treasurer: 2783 Summit Parkway SW Atlanta, GA 30331	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
2 x///2 /2	
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 re true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.

3. Marcus Fields - Vice President

Control Number: 10081580

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### A BEAR VENTURES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14940507 Date Inc/Auth/Filed: 11/15/2010 Jurisdiction : Georgia Print Date : 10/23/2017 Form Number : 211



Brian P. Kemp Secretary of State