

F17000005549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

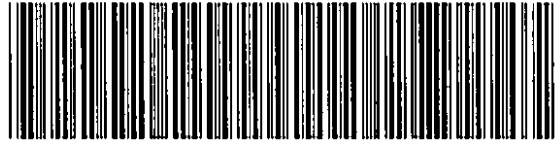
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/21/17--01015--019 **70.00

FILED
17 DEC 11 AM 3:25
TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2017

LAURA BLUNT
445 SOUTH STREET
NEPTUNE BEACH, FL 32266 US

SUBJECT: MYFUNKINS LTD.
Ref. Number: W17000093341

We have received your document for MYFUNKINS LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 017A00023756

2017 DEC 11 AM 12:23

DATA ACQUISITION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYFUNKIN'S LTD.
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:

LAVICA BLUNT
Name of Person
HOLDSTERIT LLC
Firm/Company
445 SOUTH STREET
Address
NEPTUNE BEACH, FLORIDA 32266
City/State and Zip code
mdh@myfunkins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA BAUMBARTNER at (441) 704-2346
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. MYFUNKINS LTD, Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FUNKINS
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CANADA 3. 98-1382525
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 25, 2011 5. N/A
(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. 447 ATLANTIC BLVD, SUITE 3, ATLANTIC BEACH FL 32233
(Principal office address)

(Current mailing address, if different)

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

Name: LAURA BLUNT

Office Address: 445 SOUTH ST

NEPTUNE BEACH, Florida 32266
(City) (Zip code)

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17 DEC 11 AM 7:25
TALLAHASSEE, FLORIDA

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.

LB
(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: LISA BAUMGARTNER

Address: 19 ST. JOHN'S HILL
PEMBROKE, BERUDA HM 02

Vice Chairman: _____

Address: _____

Director: LIANE DAVIDSON

Address: 634 BERESFORD AVE
WINNIPEG, MB CANADA R3L 1J8

Director: _____

Address: _____

B. OFFICERS

President: LISA BAUMGARTNER

Address: 19 ST. JOHN'S HILL, PEMBROKE
BERMUDA HM 02

Vice President: _____

Address: _____

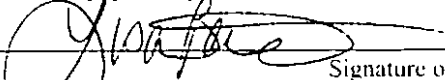
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. LISA BAUMGARTNER, CEO
(Typed or printed name and capacity of person signing application)

Request ID: 020925295
Demande n° :
Transaction ID: 66203392
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2017/11/09
Document produit le :
Time Report Produced: 12:27:47
Imprimé à :

CERTIFICATE OF STATUS

ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

MYFUNKINS LTD.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002303423

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

OCTOBER 25 OCTOBRE, 2011

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

NOVEMBER 09 NOVEMBRE, 2017



Director
Directeur

The issuance of this certificate in electronic form is authorized by the Ministry of Government Services.

La délivrance du présent certificat sous forme électronique est autorisée par le Ministère des Services gouvernementaux.