Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: SUPERBIZ COM, INC.

Account Number : £20070000160

Phone

: (800)494-3124

Fax Number

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2018 APR 10

FOREIGN PROFIT/NONPROFIT CORPORATION

Marichael Solutions Inc.

Certificate of Status	0
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Page Count	04
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APR 1 1 2018

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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	SOLUTIONS INC.		
	poration; must include "INCORPORATED," p," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,	•
(If name unavailab	le in Florida, enter alternate corporate name		business in Florida)
INDIANA	3.	27-4326897	
(State or country DECEMBER	under the law of which it is incorporated) 21, 2010 5.	(FEI number, if appl	
(Date o	of incorporation)	(Date of duration, if other th	an perpetual)
	(SEE SECTIONS 607.1501 & 607.13 I DRIVE, TITUSVILLE, FLORIDA 32780	n Florida, if prior to registration) 502, F.S., to determine penalty liability	18 APR
	(Princi) H DRIVE, TITUSVILLE, FLORIDA 32780	pal office address)	##D
	(Current maili	ng address, if different)	9
Name and street	address of Florida registered agent: (P.	O. Box NOT acceptable)	C
Name:	MARILYN RUMSEY		
Tice Address:	2063 RALEIGH DRIVE		
	TITUSVILLE	- 32780 	
	(City)	(Zip code)	
aving been name estenated in this	nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint amply with the provisions of all statutes	ment as registered agent and agre relative to the proper and complet	te to act in this capacity. Te performance of my
irther agree to co	imiliar with and accept the obligations of	y my position as register on nasim	l e

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.

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	州18000112070 3
Chairman:	
Address:	
<u> </u>	
Vice Chairman:	
Address:	
u u	
Director:	
Address.	
Dis atom	
Director:	
Address:	٠
	->- CO
B. OFFICERS MARILYN RUMSEY	APR
President: 2063 RALEIGH DRIVE, TITUSVILLE, FLORIDA 32780	<u> </u>
Address:	32
	<u> </u>
Vice President:	; · · · *
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application	
12 Signature of Director or O	
Signature of Director or Of The officer or director signing this document (and who is listed in number true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S.	ber 11 above) affirms that the facts stated herein
MARILYN RUMSEY, PRES!	DENT H 8000112070 3
(Typed or printed name and capacity of person	

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State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come! Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtee of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MARICHAEL SOLUTIONS INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 2010, and was in existence or authorized to transact business in the State of Indiana on April 10, 2018.

I further certifiy this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolic, April 10, 2018

Corrie Lawson

CONNIE LAWSON
SECRETARY QRISTATE

2010122100128 / 2018585260

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on May 10, 2018.

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