

F18000002000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

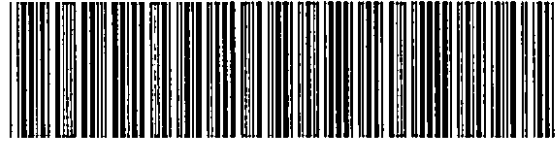
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/27/18--01010--016 **87.50

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18 APR 27 PM 2:11
CLERK OF COURT
FALLMOUTH, MASSACHUSETTS

○ SIMMONS

APR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN VENTURE MARKETING, 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:

DIANA BARNES

Name of Person

AMERICAN VENTURE MARKETING, INC.
Firm/Company

660 ISLAND WAY, APT 1008
Address

CLEARWATER, FL 33767
City/State and Zip code

diana.barnes@nyu.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA BARNES

Name of Person

at (727)

Area Code

724-4528

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. AMERICAN VENTURE MARKETING, 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. DELAWARE 3. 13-3328032
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/26/1984 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. 660 ISLAND WAY, APT. 1008, CLEARWATER FL. 33767
(Principal office address)

(Current mailing address, if different)

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

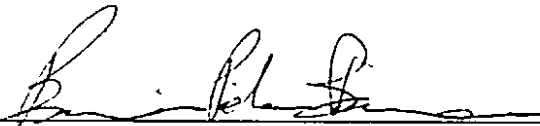
Name: BRIAN PETER BARNES

Office Address: 660 ISLAND WAY, APT. 1008

CLEARWATER, Florida 33767
(City) (Zip code)

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.

FILED
18 APR 27 PM 2:11
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: BRIAN PETER BARNES

Address: 660 ISLAND WAY, APT 1008

CLEARWATER FL. 33767

Director: DIANA BARNES

Address: 660 ISLAND WAY, APT 1008

CLEARWATER FL. 33767

FILED
MAR 21 PM 2:11
U.S. DEPT. OF STATE
CLEARWATER, FL.

B. OFFICERS

President: BRIAN PETER BARNES

Address: 660 ISLAND WAY, APT 1008

CLEARWATER FL. 33767

Vice President: _____

Address: _____

Secretary: DIANA BARNES

Address: 660 ISLAND WAY, APT 1008, CLEARWATER FL 33767

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. DIANA BARNES, SECRETARY

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



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8160913
DIANA BARNES
660 ISLAND WAY
CLEARWATER, FL 33767

04-09-2018

ATTN: DIANA BARNES

DESCRIPTION	AMOUNT
2051272 - AMERICAN VENTURE MARKETING, INC. Entity Status - Short Form	
Certification Fee	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00

Whole package is included to
show this is the original copy
received from the State of
Delaware for Certificate of
Good Standing

Diana Barnes



Division of Corporations Survey

401 Federal Street, Suite 4

Dover, DE 19901

Fax: 302-739-2565

On a scale of 1 (unacceptable) to 10 (outstanding), please rate the following questions.

1. How would you rate the overall quality of service provided by the Division of Corporations?

1 2 3 4 5 6 7 8 9 10 NA

2. How would you rate the convenience of our services?

1 2 3 4 5 6 7 8 9 10 NA

3. How would you rate the promptness of service provided?

1 2 3 4 5 6 7 8 9 10 NA

4. How would you rate the accessibility of the Division of Corporations staff?

1 2 3 4 5 6 7 8 9 10 NA

5. How would you rate the training you received from the Division of Corporations staff?

1 2 3 4 5 6 7 8 9 10 NA

6. How would you rate the written materials received from the Division of Corporations?
(Were they easy to read and helpful? i.e., guidelines, forms, DCIS Manual.)

1 2 3 4 5 6 7 8 9 10 NA

7. Were Division of Corporations staff attentive and helpful relative to your comments and concerns?

1 2 3 4 5 6 7 8 9 10 NA

8. Did Division of Corporations staff display professionalism & courtesy?

1 2 3 4 5 6 7 8 9 10 NA

9. Are Division of Corporations staff knowledgeable?

1 2 3 4 5 6 7 8 9 10 NA

Please let us know about experiences and incidents with the Division of Corporations (i.e., staff, equipment, connectivity, customer service) that impressed or disappointed you.

Comments: _____

Company name and contact information: _____

If you would prefer, you may take this survey online at

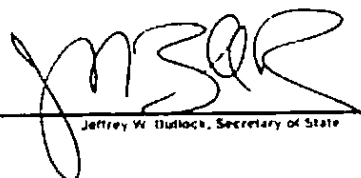
<http://www.surveymonkey.com/s/20113rdqtr>

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AMERICAN VENTURE MARKETING, 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 NINTH DAY OF APRIL, A.D.
2018.


Jeffrey W. Bullock, Secretary of State

2051272 8300

SR# 20182077780

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202477870

Date: 04-09-18