F1800002529

(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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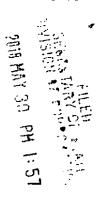


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MAY 3 0 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Loose Cannon Commis Name of corporati	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact business."	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
David Ferguso Name	n
Name	of Person
Loose Cannon Com.	y unications
Firm/C	ompany
20110 Ragazza (ircle #202
Ad	dress
Venice, FL City/Stat	34293
info@louse cannon	n. net ed for future annual report notification)
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
David Foranson 2172	7,423-7856
Name of Person at (72 Name of Person Area C	Ode Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Fiting Fee \$78.75 Fiting Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



May 17, 2018

DAVID FERGUSON 20110 RAGAZZA CIR #202 VENICE, FL 34293

SUBJECT: LOOSE CANNON COMMUNICATIONS, INC.

Ref. Number: W18000047289

We have received your document for LOOSE CANNON COMMUNICATIONS, INC. 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Corp.," "Inc.," "Corp.," "Inc.," "Corp." "Inc.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P00000099054.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

Letter Number: 118A00010332

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Loose Can		T BUSINESS IN THE STATE OF FLORIDA. 5, /nc. D," "COMPANY," "CORPORATION,"	
(Enter name of corporation "Inc.," "Co.," "Corp," "Inc	i; must include "INCORPORATEU ," "Co," or "Corp.")	D," "COMPANY, "CORPORATION;	
		ne adopted for the purpose of transacting business in Florida)	-
2 Muruland	:	3. 32-39/5037 T.IN.	-
(State or country under the	ne law of which it is incorporated)	3. <u>2.2-39/5037 T.I.V.</u> (FEI number, if applicable)	
			_
4. Date of incorp	poration)	5. (Date of duration, if other than perpetual)	
6. 01/2/201			
	(Date first transacted business	ss in Florida, if prior to registration)	_
	(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to determine penalty liability)	
- 11717 Sh.	1. lane Hosers	stown, MD 21742	_
1. 11414 3na	Prin	ncipal office address)	
	(Current ma	ailing address, if different)	100
			56
	ss of Florida registered agent: (C	
Name:	David Ferguson		
Office Address: 20	110 Ragazza Cir	#262	PH 1:57
	and the	Florida 34293	5
V	(City)	(Zin code)	
_V.	(City)	()	
Name:	(City)	(
0 Posictared agent's ac	centance:		e place
9. Registered agent's ac Having been named as re	ceptance: egistered agent and to accept so	service of process for the above stated corporation at the	acity. 1
9. Registered agent's ac Having been named as re designated in this applica- further agree to comply	ceptance: egistered agent and to accept so ation, I hereby accept the appoi with the provisions of all statute		acity. 1
9. Registered agent's ac Having been named as re designated in this applica- further agree to comply	ceptance: egistered agent and to accept so ation, I hereby accept the appoi with the provisions of all statute	service of process for the above stated corporation at the cointment as registered agent and agree to act in this cap tes relative to the proper and complete performance of	acity. 1
9. Registered agent's ac Having been named as re designated in this applica- further agree to comply	ceptance: egistered agent and to accept so ation, I hereby accept the appoi with the provisions of all statute	service of process for the above stated corporation at the cointment as registered agent and agree to act in this cap tes relative to the proper and complete performance of	acity. 1
9. Registered agent's ac Having been named as re designated in this applica- further agree to comply	cceptance: egistered agent and to accept so ation, I hereby accept the appoint with the provisions of all statute with and accept the obligation	service of process for the above stated corporation at the cointment as registered agent and agree to act in this cap tes relative to the proper and complete performance of	acity. 1

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: Vice Chairman: ______ Address: _____ Director: _ **B. OFFICERS** President: David Ferguson Address: 20110 Ragazza Cir #202 Vice President: Address: __ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. David Ferguson - Prosident

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

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL I., HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LOOSE CANNON COMMUNICATIONS, INC. (D10713287), INCORPORATED JUNE 20, 2005, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED At 1

ANNUAL REPORTS REQUIRED. HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 30, 2018.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: EdaywigCREeD0P4O2RIVKA To verify the Authentication Code, visit http://dat.maryland.gev/verify

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