F18000002609

| (Req | uestor's Name) | - |
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| (Add | ress) | _ |
| (Add | ress) | |
| (City. | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | _ |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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April 16, 2018

HEATHER GLENN 50 BLITHWOOD DR PENSACOLA, FL 32514 US

SUBJECT: BLACK MARKET CREATIVE, INC.

Ref. Number: W18000035857

We have received your document for BLACK MARKET CREATIVE, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 118A00007666

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---------------|---|------------------|---|---|
| SHRI | Black Market Creative, Inc. | | | |
| SOD | | of corporation | - must include suffix | |
| Dear S | Sir or Madam: | | | |
| "Certi | nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t | of Good Star | ding" and check are sub | |
| | return all correspondence concern er Glenn | ing this matter | to the following: | |
| | | Name of | Person | |
| Black | Market Creative, Inc. | | | |
| | | Firm/Com | pany | |
| 50 Blit | thewood Dr. | | | |
| | | Addre | ess | |
| Pensac | cola, FL 32514 | | | |
| | _ | City/State a | nd Zip code | |
| Hglen | n@blackmarketcreative.com | | | |
| | E-mail address | s: (to be used f | for future annual report | notification) |
| For fu | rther information concerning this n | natter, please o | all: | |
| Heather Glenn | | 310 | 765-1927 x 707 | |
| | Name of Person | at (| | hone Number |
| Enclos | STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 sed is a check for the following am | | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F | Section orporations 7 |
| | 0.00 Filing Fee | g Fee & □ | \$78.75 Filing Fee & Certified Copy | S87.50 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.

| Washington (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Pensacola Pensacola (City) Florida (Zip code) | (If name unavaila | ible in Florida, enter alternate corporate name | adopted for the purpose of transacting l | business in Flo | orida) | |
|---|--|--|--|--------------------------|----------|--|
| (State or country under the law of which it is incorporated) May 20, 2014 (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 Blithewood Dr., Pensacola, FL 32514 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn 50 Blithewood Dr. Pensacola Florida Florida Florida 12514 | Washington | 46-5697311 3 | | | | |
| (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) | (State or countr | untry under the law of which it is incorporated) (FEI number, if applicable) | | | | |
| (Date of incorporation) October 1st, 2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 Blithewood Dr., Pensacola, FL 32514 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn | May 20, 2014 | | | | | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 Blithewood Dr., Pensacola, FL 32514 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn Heather Glenn 50 Blithewood Dr. Pensacola Pensacola Pensacola , Florida 32514 | (Date of incorporation) (Date of duration, if other than perpetual | | | | | |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn Florida Pensacola | October 1st, 201 | 7 | | | | |
| (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn Florida Florida | | | | ` | | |
| (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn So Blithewood Dr. Pensacola Pensacola Florida 32514 | 50 Blithewood D | Pensacola, FL 32514 | 502, F.S., to determine penaity hability |) | | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn Florida registered agent: (P.O. Box NOT acceptable) Pensacola Pensacola Florida 32514 | | | nal affice address) | *** | | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn Florida registered agent: (P.O. Box NOT acceptable) Pensacola Pensacola Florida 32514 | | (Time) | par trifice address) | #= 12 177 € 34 = 1 | 91 75 | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heather Glenn 50 Blithewood Dr. Pensacola Florida 32514 | | (Current maili | ng address, if different) | > - | | |
| Name: Heather Glenn 50 Blithewood Dr. Pensacola Pensacola Florida 32514 | | | | 986 887 | <u> </u> | |
| Pensacola | Name and street | t address of Florida registered agent: (P. | O. Box NOT acceptable) | | 문 | |
| Pensacola | Name: | Heather Glenn | | 101 1107 | <u>-</u> | |
| Pensacola 32514 , Florida | | 50 Blithewood Dr. | | :Ox | 32 | |
| | nce Address: | Pensacola | 32514 | | | |
| (Επγ) | | (City) | | | | |
| Registered agent's acceptance: | | · · · · · · | (Zip code) | | | |
| | | | | | | |
| wing been named as registered agent and to accept service of process for the above stated corporation at the p Signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac | | | relative to the proper and complete | | | |

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 Heather Glenn Chairman: 50 Blithewood Dr., Pensacola, FL 32514 Address: N/A Vice Chairman: Address: _ Director: Director: _ **B. OFFICERS** Heather Glenn President: 50 Blithewood Dr., Pensacola, FL 32514 Address: N/A Vice President: 50 Blithewood Dr., Pensacola, FL 32514 Address: Heather Glenn Secretary: 50 Blithewood Dr., Pensacola, FL 32514 Address: _ Heather Glenn Treasurer: 50 Blithewood Dr., Pensacola, FL 32514 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. Heather Glenn, President

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



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The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BLACK MARKET CREATIVE, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/15/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/16/2018 UBI Number: 604 067 941

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 03/16/2018

