## F18000003293

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Document Number)       |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO:          | D: Registration Section Division of Corporations  |   |             |   |  |
|--------------|---|---|-------------|---|--|
| SUBJ         | IECT: Multi Channe  | Marketing, Inc.   |             |   |  |
|              |   | Name of corporation   | on - must   | include suffix  |  |
| Dear S       | Sir or Madam:   |   |             |   |  |
| "Certi       | ficate of Existence."   | by Foreign Corporation for<br>"Certificate of Good Starporation to transact busings." | anding`` a  | nd ch <mark>eck are</mark> sub  |  |
| Please       | return all correspond   | lence concerning this matt  | er to the f | ollowing:   |  |
| John (       | D'Dowd  |   |             |   |  |
|              |   | Name o  | f Person    |   |  |
| Multi        | Channel Marketing, Inc  |   |             |   |  |
| -            |   | Firm/Co   | mpany       |   |  |
| 650 W        | est Avenue, Apt, 2208   |   |             |   |  |
|              | · · · · · · · · · · · · · · · · · · ·   | Add   | lress       |   |  |
| Miam         | i Beach, FL 33139-6368  | !   |             |   |  |
|              | <del> </del>  | City/State  | and Zip o   | ode   |  |
| john@        | lalomaholdings.com  |   |             |   |  |
|              |   | -mail address: (to be used  | for futur   | e annual report   | notification)  |
| For fu       | rther information con   | cerning this matter, please   | call:       |   |  |
| Geoff        | Amend   | 316<br>at (   |             | 4105  |  |
|              | Name of Person  | Area Co   | ode         | Daytime Telep   | hone Number  |
|              | STREET/COURT<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Cet<br>Tallahassee, FL 32 | n<br>ations<br>nter Circle  |             | MAILING A<br>Registration S<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7   |
| Enclo:       | sed is a check for the  | following amount:   |             |   |  |
| <b>□</b> \$7 | 0.00 Filing Fee 🛛   | \$78.75 Filing Fee & Certificate of Status  |             | 5 Filing Fee &<br>ied Copy  | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

## FILED

## 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.

|                 | able in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida   |
|-----------------|---|--|
| Delaware        | 3.  | (FEI number, if applicable)  |
| October 27, 201 | 7   |  |
| (Date           | of incorporation)                               | (Date of duration, if other than perpetual)  |
|                 |   |  |
|                 | (SEE SECTIONS 607.1501 & 607.15                 | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability)                           |
| 550 West Avenue | e, Apt. 2208, Miami Beach, FL 33139-6368        |  |
|                 | (Princip  | pal office address)  |
|                 |   |  |
|                 | (Current mailin                                 | ng address, if different)  |
|                 |   |  |
| Name and stree  | et address of Florida registered agent: (P.C    | O, Box <u>NOT</u> acceptable)  |
| Name:           | John O'Dowd                                     |  |
| fice Address:   | 650 West Avenue, Apt, 2208                      |  |
| nice Address.   | Miami Beach                                     | 33139  |
|                 | (City)  | , Florida<br>(Zip code)  |
|                 | (City)  | (Zip code)   |
|                 |   |  |
|                 | ent's acceptance:                               |  |
| ving been nan   | red as registered agent and to accept serv      | ice of process for the above stated corporation at t<br>ment as registered agent and agree to act in this co |

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.

| _ | T | 1 |
|---|---|---|
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| C | _ | į |

| II. Nam               | es and business addresses of officers and/or directors:  |  |
|-----------------------|--|--|
| A. DIRI               | Calch O'Dowd   |  |
|                       | 650 West Avenue, Apt, 2208   |  |
| Address:              | Miami Beach, Fl. 33139-6368  |  |
| Vice Chai             | rman:  |  |
| Address:              |  |  |
| Director:             |  |  |
|                       |  |  |
|                       |  |  |
| Director:             |  |  |
| Address:              |  |  |
| B. OFF                | ICERS  |  |
| President             | John O'Dowd  |  |
|                       | 650 West Avenue, Apt, 2208, Miami Beach, FL 33139-6368   |  |
| 71001000              |  |  |
| Vice Pres             | John O'Dowd  | ЖН О<br>На: О  |
|                       | 650 West Avenue, Apt, 2208, Miami Beach, FL 33139-6368   | S5;;   |
| Addices.              |  |  |
| Sagratara             | John O'Dowd  | <u> </u>   |
| ·                     | 650 West Avenue, Apt, 2208, Miami Beach, FL 33139-6368   | 10/2<br>10/2   |
|                       | John O'Txowd   |  |
| Address:              | 650 West Avenue, Apt, 2208, Miami Beach, FL 33139-6368   |  |
| NOTE:                 | If necessary, you may attach an addendum to the application listing additional officers  | and/or directors.  |
| 12                    | Signature of Director or Officer   |  |
| are true<br>a third d | cer or director signing this document (and who is listed in number 11 above) affirms the and that he or she is aware that false information submitted in a document to the Departegree felony as provided for in s.817.155, F.S. | at the facts stated herein<br>tment of State constitutes |

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

13. John O'Dowd

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MULTI CHANNEL 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 THIRD DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MULTI CHANNEL MARKETING, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corn delaware gov/aut

Authentication: 203007693

Date: 07-03-18