## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please,

FOREIGN PROFIT/NONPROFIT CORPORATION

JMARK Business Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

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### **COVER LETTER**

TO:	Registration Se Division of Co			
STIB I	ECT:		JMARK Bu	usiness Solutions, Inc.
3000		Name of	corporation	n - must include suffix
Dear S	Sit or Madam:			
"Certi	ficate of Existenc		f Good Star	Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.
Please	return all corresp	ondence concerning	g this matte	er to the following:
			Janice i	Null
			Nune of	Person
		le	nCorp Serv	rices, Inc.
		<del> </del>	Firm/Con	mpany
		3773 Howard	l Hughes I	Parkway Suite 500S
	<del></del>	<del></del>	Addr	ress
		Las V	egas, NV	89169-6014
			City/State a	and Zip code
		doc	uments@i	incorp.com
		E-mail address: (	to be used	for future annual report notification)
For fu	rther information	concerning this mat	ter, please	call:
Janic	e Null for InCorp	Services, Inc.	702	866-2500 Ext. 6902
	Name of Perso		Area Cod	le Daytime Telephone Number
	Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations 8 Center Circle . 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclos	ed is a check for	the following amous	ıt:	
<b>= \$</b> 70	0.00 Filing Fee	☐ \$78.75 Filing F Certificate of		S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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# 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.

JMARK Busine	ess Solutions, Inc.		
	corporation; must include "INCORPORATED, Corp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	)N,"
<u> </u>		·	
(If pame unavail Missouri 2.	lable in Florida, enter alternate corporate name  3.	, , ,	
	ry under the law of which it is incorporated)	(FEI number, if	applicable)
03/09/2001 4.	. 5.	Perpetual	
(Dat	e of incorporation)	(Date of duration, if other than perpetual)	
Upon registra	ation		
7601 North N	(SEE SECTIONS 607.1501 & 607.1 ational Ave., Suite 102, Springfield, MC	• •	ility)
	(Current maili	ng address, if different)	2011 MOV
8. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	19 SEE SEE
Name:	InCorp Services, Inc.	<u>.                                    </u>	PH PH
Office Address:	17888 67th Court North	<del></del>	PH 12: 5: F STATE FLORIDA
•	Loxahatchee	, Florida	2
	(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.

Janice Null on behalf of inCorp Services, Inc.

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.

11. Names and dusiness addresses of officers and/or directors:
A. DIRECTORS
Chairman:
·Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Thomas H. Douglas
601 North National Ave., Suite 102 Address:
Springfield MO 65802
Vice President:
Address:
Secretary:
Address:
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 of 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. Thomas H. Douglas, President
(Typed or printed name and capacity of person signing application)

H180003319643



## John R. Ashcroft Secretary of State

# CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

# JMARK BUSINESS SOLUTIONS, INC. 00494171

was created under the laws of this State on the 9th day of March, 2001, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 19th day of November, 2018.

Secretary of State

Certification Number: CERT-11192018-0076

