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(Address)

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D SCOTT

MAY 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTIN CONSULTANTS 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:

KAREN AALDERS

Name of Person

MARTIN CONSULTANTS, INC

Firm/Company

6441 S. CHICKASAW TRAIL #321

Address

ORLANDO, FL 32829

City/State and Zip code

karenaalders@yahoo.com

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

For further information concerning this matter, please call:

KAREN AALDERS

Name of Person

at (407)

Area Code

353-6844

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. MARTIN CONSULTANTS, 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. WYOMING 3. 82-0862796
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 15, 2017 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. 6441 S. CHICKASAW TRAIL #321
(Principal office address)

SAME
(Current mailing address, if different)

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

Name: KAREN AALDERS

Office Address: 6441 S. CHICKASAW TRAIL #321

ORLANDO, Florida 32829
(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.

Karen Aalders
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: KRISTIN MARTIN

Address: 7736 SUMMIT PEAK DR. APT S 209
MIDVALE, UT 84047

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KRISTIN MARTIN

Address: 7736 SUMMIT PEAK DR APT S 209
MIDVALE, UT 84047

Vice President: _____

Address: _____

Secretary: KAREN AALDERS

Address: 6507 LAKE PEMBROKE PL ORLANDO, FL 32829

Treasurer: KAREN AALDERS

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Karen Aalders
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. KAREN AALDERS SECRETARY/TREASURER
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING * SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION

2020 Carey Avenue, Cheyenne, WY 82002-0020

Phone 307-777-7311 · Fax 307-777-5339

Website: <http://soswy.state.wy.us> · Email: business@wyo.gov

Validation of Certificate of Good Standing for
Certificate Issued 05/13/2019

Validation Certificate Generated: May 13, 2019

Certificate number 031066117 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **Martin Consultants Inc.**, a **Profit Corporation** formed or qualified under the laws of Wyoming on **03/15/2017**.

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Martin Consultants Inc.

is a


Profit Corporation

formed or qualified under the laws of Wyoming did on **March 15, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000746054**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of May, 2019 at 12:35 PM. This certificate is assigned 031066117.




Secretary of State