

F19000003275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

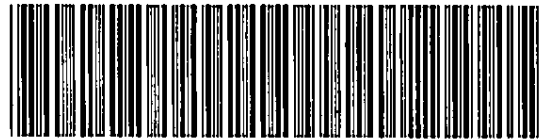
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

190000048422

Office Use Only



600329063846

05/10/13--01001--026 **70.00

07/17/13--01003--001 **550.00

2019 JUL 15 PM 4:39
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

AARON SPOON
8811 S. YALE AVE.
SUITE:400
TULSA, OK 74137

SUBJECT: MARKET DISRUPTORS INC.
Ref. Number: W19000048422

We have received your document for MARKET DISRUPTORS 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 and title of the person signing the document must be noted beneath or opposite the signature.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 119A00009977

RECEIVED

JUL 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations
MARKET DISRUPTORS INC.

SUBJECT: _____
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:
Aaron Spoon, CPA

Name of Person
CCK Strategies, PLLC

Firm/Company
8811 S Yale Ave, Ste 400

Address
Tulsa, OK 74137

City/State and Zip code
jakecanfield@gmail.com

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

For further information concerning this matter, please call:

Aaron Spoon, CPA 918 491-4036

Name of Person at (_____) Daytime Telephone Number
Area Code

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.*

MARKET DISRUPTORS INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEVADA 82-4117801

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
01/08/2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
01/08/2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
16001 COLLINS AVE #603, SUNNY ISLES, FL 33160

7. _____
(Principal office address)

(Current mailing address, if different)

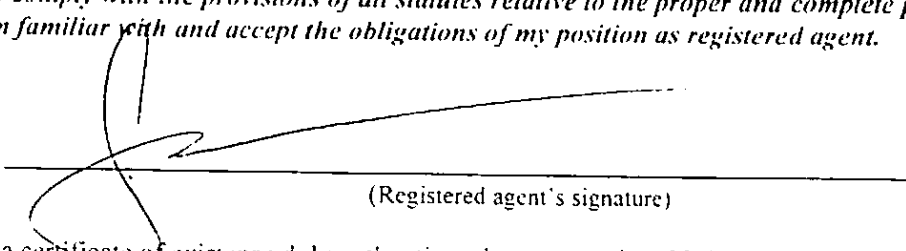
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JACOB CANFIELD

Office Address: 16001 COLLINS AVE #603
SUNNY ISLES 33160
(City) , Florida (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.


(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.

FILED
TALLAHASSEE, FLORIDA

2019 JUL 15 PM 4:39

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JACOB CANFIELD ✓

Address: 16001 COLLINS AVE #603

SUNNY ISLES, FL 33160

Director: _____

Address: _____

B. OFFICERS

President: JACOB CANFIELD ✓

Address: 16001 COLLINS AVE #603

SUNNY ISLES, FL 33160

Vice President: MARK MOSS ✓

Address: 16001 COLLINS AVE #603

SUNNY ISLES, FL 33160

Secretary: MARK MOSS ✓

Address: 16001 COLLINS AVE #603, SUNNY ISLES, FL 33160

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 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. JACOB CANFIELD - President
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MARKET DISRUPTORS INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 8, 2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 11, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Heather Christensen
Certificate Number: C20190307-2759