

F19000003405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

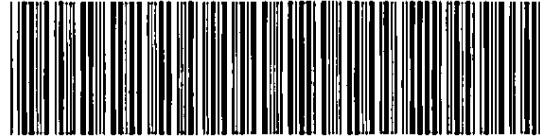
Special Instructions to Filing Officer:

W19000064747

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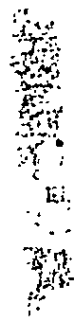
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2019 JUL 23 PM 7:02

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Z BROWN

JUL 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2019

AMY HIGHLINE
348 MILL ST
RENO, NV 89501 US

SUBJECT: M.A.P.P.S INC.
Ref. Number: W19000064747

19 JUL 23 PM 2:53

We have received your document for M.A.P.P.S 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6051.

Zakiya M Brown
Regulatory Specialist II

Letter Number: 719A00014322

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.A.P.P.S 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:

Amy Hghline

Name of Person

Corporate Direct, Inc.

Firm/Company

348 Mill St.

Address

Reno, NV 89501

City/State and Zip code

ahighline@corporatedirect.com

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

For further information concerning this matter, please call:

Amy Hghline

at (775) 284-7161

Name of Person

Area Code

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. M.A.P.P.S Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

M.A.P.P.S One Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wyoming 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/26/2019 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. 172 Center St., Ste. 202, #2669, Jackson, Wyoming 83001
(Principal office address)

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Bill Havre

Registered Agents Inc.

Bill Havre

- Assistant Secretary

(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.

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JUL 23 PM 7:02

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Victoria Lindo

Address: 172 Center St., Ste. 202 #2869

Jackson, Wyoming 83001

Director: _____

Address: _____

B. OFFICERS

President: Victoria Lindo

Address: 172 Center St., Ste. 202 #2869

Jackson, Wyoming 83001

Vice President: _____

Address: _____

Secretary: Victoria Lindo

Address: 172 Center St., Ste. 202 #2869, Jackson, Wyoming 83001

Treasurer: Victoria Lindo

Address: 172 Center St., Ste. 202 #2869, Jackson, Wyoming 83001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Victoria Lindo

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. Victoria Lindo

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

FILED
JUL 23 PM 1:01
JUL 23 2019
JUL 23 2019

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,

M.A.P.P.S Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **June 26, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000863026**.

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 1st day of July, 2019 at 4:42 PM. This certificate is assigned 031713726.



Edward A. Buchanan
Secretary of State