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EXAMINER



COVER LETTER

TO: Registration						
	Corporations					
	Promotion Partners of A	merica, Inc.				
SUBJECT:	Nama	of comparation	- must include suffix			-
	name (or corporation	- must merude surrix			
Dear Sir or Madam:						
"Certificate of Exist		of Good Stan	Authorization to Transact ding" and check are subm ss in Florida.			
Please return all cor Joshua Konigsberg	respondence concerni	ng this matter	to the following:			
		Name of I	Person			-
Web Promotion Partn	ers of America, Inc	,				
		Firm/Com	nanv			-
250 South Central Bl	vd, Suite 100		r5			
		Addre	ess			-
Jupiter, Fl 33458						
		City/State at	nd Zip code			-
leaddog16@gmail.co	m	*	•			
	E-mail address	: (to be used f	or future annual report no	tification)		-
	E man address	(10 00 10011 .		,	Ę,	
For further information	tion concerning this m	atter, please c	all:		֝֞֝֟֝֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
Mel Weeks		561	818-9697	• .	DCT	
Wici Weeks		at ()	<u> </u>	_ ယ	;
Name of Person	Area Cod	e Daytime Telepho	ne Number.	7► 1:2	[]	
			5:1 7:2.	Ö	:	
Registration Division of Clifton Bui 2661 Execu	Corporations	S:	MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassec, FL	tion porations	09	
Enclosed is a check	for the following amo	ount:				
□ \$70.00 Filing Fo	ee 🗇 \$78.75 Filin Certificate o	~	\$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate Certified C	of Status	s &

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. Web Promotion Partners of America, Inc. 1. (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) 2019-000848799 Wyoming 2. _ (FEI number, if applicable) (State or country under the law of which it is incorporated) March 29, 2019 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 250 South Central Blvd, Suite 100, Jupiter, Fl 33458 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Joshua Konigsberg

9. Registered agent's acceptance:

250

Jupiter

South Central Blve, Suite 100

(City)

Name:

Office Address:

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.

_____ , Florida

(Registered agent's signature)

33458

(Zip code)

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 Joshua Konigsberg Chairman: 176 Via Veracruz, Jupiter, Fl 33458 Address: ______ Joshua Konigsberg Vice Chairman: 176 Via Veracruz, Jupiter, Fl 33458 Address: _____ Joshua Konigsberg Director: 176 Via Veraeruz, Jupiter, Fl 33458 Address: __ Joshua Konigsberg Director: 176 Via Veracruz, Jupiter, Fl 33458 Address: _ **B. OFFICERS** Joshua Konigsberg President: 176 Via Veracruz, Jupiter, Fl 33458 Address: _ \$ Andrew Leonard Secretary: 176 Via Veracruz, Jupiter, Fl 33458 Address: Andrew Leonard Treasurer: 176 Via Veracruz, Jupiter, Fl 33458 Address: _____ NOTE: If accessary, 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.

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

GONICSBERG MESSIDENT & CHAIRMAN

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,

Web Promotion Partners of America

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **March 29, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000848799**.

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 22nd day of October, 2019 at 2:36 PM. This certificate is assigned 033151927.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.