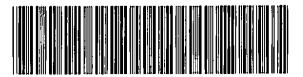
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
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## COVER LETTER

TO:	Registration Section Division of Corporations				
	ATHENA MARKETIN	G SOLUTIONS E	SC .		
SUBJ		ame of corporation	on - must include suffix		
		mine or corporation	mast metae sam.		
Dear S	Sir or Madam:				
-Certi	nclosed "Application by Foreign ficate of Existence," or "Certificate of existence," or "Certificate of the corporation of the	ficate of Good Sta	anding" and check are su		
	return all correspondence con A RYBALKA	cerning this matt	er to the following:		
		Name o	f Person		
ATHE	NA MARKETING SOLUTIONS	SINC			
		Firm/Co	mpany		
3307 I	ORT ROYALE DRIVE S., APT	801			
	<del></del> .	Add	ress		
FORT	LAUDERDALE, FL 33308				
		City/State	and Zip code		·-
		<u> </u>			
	E-mail ad	dress: (to be used	for future annual report	t notification)	
For fu	ther information concerning t	his matter, please	call:		~>
		818 at (	510-8062 )		1 2073 FER
	Name of Person	Àrea Co	de Daytime Tele	phone Number	- 19 - 19
					교 ::
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		e	MAILING ADDRESS: 1 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		4 3: 27
Enclos	ed is a check for the following	g amount:			
<b>\$</b> 70	<del>-</del>	Filing Fee & cate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87,50 Filir Certificate Certified C	of Status &

#### 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. ATHENA MARKETING SOLUTIONS 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) (FEI number, if applicable) (State or country under the law of which it is incorporated) 01/06/2017 (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) 3307 PORT ROYALE DRIVE S., APT 801, FORT LAUDERDALE, FL 33308 (Principal office address) (Corrent mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SLAVA RYBALKA Name: 3307 PORT ROYALE DRIVE S., STE 801 Office Address: FORT LAUDERDALE (City) 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.

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 SLAVA RYBALKA Chairman: 3307 PORT ROYALE DRIVE S., STE 801 Address: FORT LAUDERDALE, FL 33308 Vice Chairman: Address: \_\_\_\_\_ Address: B. OFFICERS SLAVA RYBALKA President: 3307 PORT ROYALE DRIVES., STE 801 Address: FORT LAUDERDALE, FL 33308 Vice President: Address: Secretary: <del>بن</del> Address: \_\_\_\_\_ Treasurer: \_\_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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)

SLAVA RYBALKA

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ATHENA MARKETING SOLUTIONS INC (file number 802619447), a Domestic For-Profit Corporation, was filed in this office on January 06, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 29, 2020.



Ruth R. Hughs

Ruth R. Hughs Secretary of State

ix: (512) 463-570 TID: 10264 Dial: 7-1-1 for Relay Services Document: 941350800003