

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Action International Market	eting, Inc.		
Nam	e of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Certificate of Existence," or "Certificate above referenced foreign corporation to	uc oi Cidan Stana	IIDO and chaoli and all all it	in Florida," gister the
Please return all correspondence concer Robert S. Beckett	ming this matter t	to the following:	
	Name of P	erson	
Action International Marketing, Inc.			
	Firm/Comp	any	
438 Industrial Drive	-		
North Wales, PA 19454	Addres	S	
	City/State and	1 7 in code	
cbeckett@actionmarketplace.com	onyrotate and	1 Zip code	202ú H. Y
E-mail addre	ss: (to be used for	r future annual report notification)	
For further information concerning this		-	5.
Robert Beckett	267 at (421-5328	<u> 7-11 10:</u>
Name of Person	Area Code	Daytime Telephone Numbe	<u>ω</u>
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following am Please make check payable to: FLORIDA D \$70.00 Filing Fee \$78.75 Filing Certificate	EPARTMENT O	378.75 Filing Fee & \$87.50 Certified Copy Certifi	Filing Fee, cate of Status & ed 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.

	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting by	usiness in Florida)	
Pennsylvania		23-2974576		
7/20 00	ry under the law of which it is incorporated)	(FEI number, if applic		
4. 7/22/98	5.			
6. N/A	e or incorporation)	(Date of duration, if other than	perpetual)	
	(Date first transacted business i	n Florida, if prior to registration)		
7.438 Industrial Di	rive, North Wales, PA 19454	502, 7.3., to determine penany hability)		
	(Principal off	ice <u>street</u> address)		
	(Current meilie	10.100	·	
	(Current mann	ig address, if different)		
8. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	202	
Name:	Oreste Leccese		0 K.X	ć
				
Office Address:	55 Merrick Way Suite 202A		.	
	Coral Gables	 . Florida 33134		
	Corol Coble-	, Florida 33134 (Zip code)	.:. i0:	
Office Address: 9. Registered ag	Coral Gables (City)	(Zip code)	FY 10: 36	
Office Address: 9. Registered ag Having been nam designated in this	Coral Gables (City) ent's acceptance: sed as registered agent and to accept servi	(Zip code) ce of process for the above stated con	్: ద్ర అం	e
Office Address: 9. Registered ag Having been nam designated in this further agree to c	Coral Gables (City) 55 Merrick Way Suite 202A Coral Gables Florida 33134 (Zip code)			
Office Address: 9. Registered ag Having been nam designated in this further agree to c	Coral Gables (City) ent's acceptance: sed as registered agent and to accept servi application, I hereby accept the appointn	(Zip code) ce of process for the above stated content as registered agent and agree to	్: ద్ర అం	e I
Office Address: 9. Registered ag Having been nam designated in this further agree to c	Coral Gables (City) ent's acceptance: sed as registered agent and to accept servi application, I hereby accept the appointn	(Zip code) ce of process for the above stated content as registered agent and agree to	్: ద్ర అం	e I ities

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Chairman	Name: Robert Beckett	□Chairman	Numai	
□Vice Chairman	Address: PO Box 1008			
Director	Spring House, PA 19477	□ Director		
President				
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□Chairman		
□Vice Chairman	Address:			
□Director		□Vice Chairman	Address:	
☐ President		Director		
□Vice President		□ President □ Vice President		
□Secretary	□Treasurer	□ Secretary		Π r
Other	Other	Other		☐Treasurer ☐Other
□Chairman	Name:	□Chairman	Nama:	
	Address:	□ Vice Chairman		
□Director		Director	Address:	<u> </u>
□President _		□President		<u> </u>
□Vice President _		□ President □ Vice President		
☐Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
Other	Other	□Other		Other
mportant Notice: Us ndividuals may be a	se an attachment to report more than six (6). The dded to the index when filing your Florida Department of Direct Signature of Direct Signature of Direct Control of Direct Co	e attachment will be imaged artment of State Annual Repo	for reporting port form.	
he officer or director he is aware that falson 1817,155, F.S.	or signing this document (and who is listed in nu e information submitted in a document to the De	imber 11 above) affirms that epartment of State constitute		
3	(Typed or printed name and capacity of	PRESIDENT person signing application)		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/07/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ACTION INTERNATIONAL MARKETING INC

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTEMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC200507100579-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify