

F20000000 3926

(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:

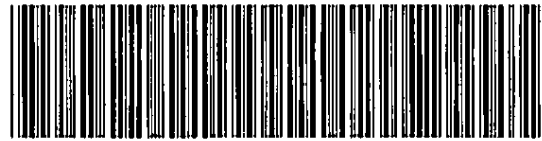
2nd Reject

W2000000100358

Give permission to remove
Date Mr. John Houn 9/11/20

W200000070379

Office Use Only



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JUL 14 2020

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2020

JOHN HOUIN
219 SE 22ND ST.
CAPE CORAL, FL 33990

SUBJECT: INTERNET 360 INC.
Filing Number: W20000080379

We have received your document for INTERNET 360 INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 \$900.00.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott
Document Specialist II

Letter Number: 420A00014072

RECEIVED

SEP 03 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Internet 360 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:

JOHN HOWIN

Name of Person

Internet 360 INC.

Firm/Company

219 SE 22ND ST

Address

CAPE CORAL, FL 33990

City/State and Zip code

internet360inc@gmail.com

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

For further information concerning this matter, please call:

JOHN HOWIN

Name of Person

at (574)

Area Code

933 4474

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

157

**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. Internet 360 INC.

(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)

2. INDIANA 3. 47-1928253
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/25/2014 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. 219 SE 22ND ST CAPE CORAL, FL 33990
(Principal office street address)

(Current mailing address, if different)

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

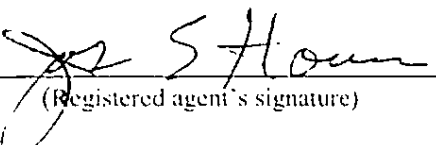
Name: JOAN HOUIN

Office Address: 219 SE 22ND ST

CAPE CORAL, Florida 33990
(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.


(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.

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

A. DIRECTORS.

<input checked="" type="checkbox"/> Chairman	Name: <u>JOHN E. HOUIN</u>	<input type="checkbox"/> Chairman	Name: <u>JOHN E. HOUIN</u>
<input checked="" type="checkbox"/> Vice Chairman	Address: <u>219 SE 22ND ST</u>	<input checked="" type="checkbox"/> Vice Chairman	Address: <u>219 SE 22ND ST</u>
<input checked="" type="checkbox"/> Director	<u>CAPE CORAL, FL 33990</u>	<input checked="" type="checkbox"/> Director	<u>CAPE CORAL, FL 33990</u>
<input checked="" type="checkbox"/> President	<u>JOHN E. HOUIN</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary		<input type="checkbox"/> Secretary	
	<input checked="" type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>JOHN E. HOUIN</u>	<input type="checkbox"/> Chairman	Name: <u>JOHN E. HOUIN</u>
<input type="checkbox"/> Vice Chairman	Address: <u>219 SE 22ND ST</u>	<input type="checkbox"/> Vice Chairman	Address: <u>219 SE 22ND ST</u>
<input type="checkbox"/> Director	<u>CAPE CORAL, FL 33990</u>	<input type="checkbox"/> Director	<u>CAPE CORAL, FL 33990</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary		<input type="checkbox"/> Secretary	
	<input type="checkbox"/> Treasurer		<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>JOHN E. HOUIN</u>	<input type="checkbox"/> Chairman	Name: <u>JOHN E. HOUIN</u>
<input type="checkbox"/> Vice Chairman	Address: <u>219 SE 22ND ST</u>	<input type="checkbox"/> Vice Chairman	Address: <u>219 SE 22ND ST</u>
<input type="checkbox"/> Director	<u>CAPE CORAL, FL 33990</u>	<input type="checkbox"/> Director	<u>CAPE CORAL, FL 33990</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input checked="" type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary		<input type="checkbox"/> Secretary	
	<input checked="" type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. JOHN E. HOUIN
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. JOHN E. HOUIN
(Typed or printed name and capacity of person signing application)

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

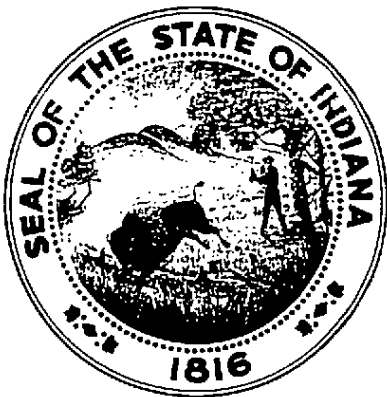
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INTERNET 360 INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 01, 2014, and was in existence or authorized to transact business in the State of Indiana on August 03, 2020.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 03, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2014092500639 / 20201554316

All certificates should be validated here. <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 02, 2020