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| (Re | questor's Name |) | | |
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| (Ad | dress) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity N | ame) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificat | es of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| W210 | 000 (| 9613 | | |

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COVER LETTER

| TO: Registration Section Division of Corporation | ıs | | |
|---|--------------------------|--|--|
| SUBJECT: CAMERON MYE | RS MARKETING, INC | | |
| Sobsect. | Name of corporation | n - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corporate | Certificate of Good Sta | nding" and check are sub | |
| Please return all correspondence | e concerning this matte | er to the following: | |
| LOVETTE DOBSON | | | |
| | Name of | Person | |
| | | | |
| | Firm/Co | npany | |
| 17350 STATE HWY 249 #220 | | | |
| | Add | ress | |
| HOUSTON, TX 77064 | | | ***** ***** **** |
| | City/State | and Zip code | |
| EFILE1234@INCFILE.COM | | | ه هیری. |
| E-ma | iil address: (to be used | for future annual report | notification) |
| For further information concern | ing this matter, please | call: | · 7 |
| | | | , |
| LOVETTE DOBSON | at (| de Daytime Telep | <i>:</i> - |
| Name of Person | Area Co | de Daytime Telep | hone Number |
| STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303 | ns eec | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 |
| Enclosed is a check for the folloplease make check payable to: FLO | | Γ OF STATE | |
| □ \$70.00 Filing Fee ■ \$7 | | ☐ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

· APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRACE **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.

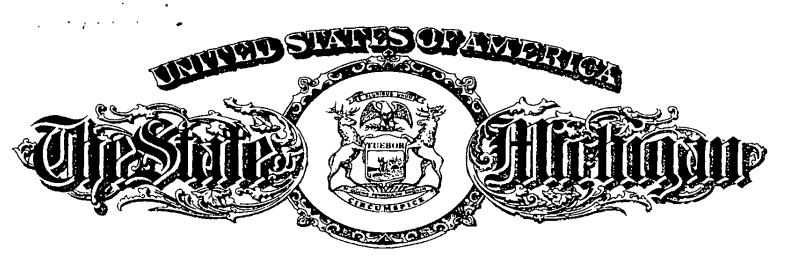
| | corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | |
|------------------|---|---|---------------------------------------|
| (16) | | | - Class |
| (If name unavail | able in Florida, enter alternate corporate name ac | | |
| (State or counts | ry under the law of which it is incorporated) | (FEI number, if applicable) | |
| | _ F | PERPETUAL | |
| (Date | 5. E of incorporation) | (Date of duration, if other than perpetual) | |
| · | • | · | • • , |
| | (Date first transacted business in I | | · · · · · · · · · · · · · · · · · · · |
| | (SEE SECTIONS 607.1501 & 607.150 | 2, F.S., to determine penalty liability) | |
| | | | |
| 320 Central Ave, | Ste 534 Sarasota, 34236 | | |
| 320 Central Ave, | | s <u>street</u> address) | |
| 320 Central Ave, | (Principal office | estreet address) address, if different) | |
| | (Principal office | address, if different) | ~. |
| | (Principal office | address, if different) | |
| Name and stree | (Principal office (Current mailing et address of Florida registered agent: (P.O. | address, if different) | |
| Name and stree | (Principal office (Current mailing et address of Florida registered agent: (P.O. CAMERON MYERS 320 CENTRAL AVE, STE 534 | address, if different) Box NOT acceptable) | |
| Name and stre | (Principal office (Current mailing et address of Florida registered agent: (P.O. CAMERON MYERS 320 CENTRAL AVE, STE 534 | address, if different) | |

lac ity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my d 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. the Department of State, by the Secretary of State or other official having custody of corporate records in the juris under the law of which it is incorporated.

| A. DIRECTORS | CAMERON MYERS | | | |
|--|--|------------------------|--------------------|-------------------------------------|
| □ Chairman | Name: | Chairman | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| Director | Traverse City, 1011 49000 | Director | | |
| □President | | ☐ President | | |
| □Vice President | | □ Vice President | <u> </u> | |
| Secretary | Treasurer | Secretary | | ☐Treasurer |
| □Other | □ Other | Other | | Other |
| □Chairman | Name: | □ Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| □Director | | Director | | |
| □President | | □President | | |
| | | □Vice President | | |
| Secretary | □Treasurer | Secretary | | ☐Treasurer |
| Other | □Other | Other | | Other |
| | | | | |
| □Chairman | Name: | □Chairman | Name: | - |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| Director | | Director | | |
| □President | | □President | | |
| □Vice President | r | □Vice President | | |
| Secretary | □Treasurer | Secretary | | □Treasurer |
| Other | Other | Other | | □Other |
| individuals may | :: Use an attachment to report more than six (6). The at be added to the index when filing your Florida Departn | nent of State Annual I | Report form. | |
| 12. | Lankson Multa Signature of Director | r or Officer | | |
| The officer or dishe is aware that s.817.155, F.S. | rector signing this document (and who is listed in numb false information submitted in a document to the Depa Myers - DIRECTOR | ber 11 above) affirms | that the facts sta | ited herein are true and that he or |

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



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

CAMERON MYERS MARKETING, INC.

was validly incorporated on January 30, 2017 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of February , 2021.

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 21020027707



February 13, 2021

LOVETTE DOBSON 17350 STATE HWY 249 #220 HOUSTON, TX 77064 US

SUBJECT: CAMERON MYERS MARKETING, INC.

Ref. Number: W21000019613

We have received your document for CAMERON MYERS MARKETING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Sharon D Franklin Regulatory Specialist II

Letter Number: 521A00003278

RECEIVED WAR 1 1 2021