F21000000319

(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: TO PULL HAVE PULL PORTED 45 5/6/20				
W21000059510				

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04/13/21--01016--012 **78.75



5/12/



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2021

ANGELA R. ANDERSON 13026 SE 97TH TERRACE RD. SUMMERFIELD, FL 34491

SUBJECT: AFFINITY PUBLISHING GROUP, INC.

Ref. Number: W21000059510

We have received your document for AFFINITY PUBLISHING GROUP, 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):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Letter Number: 321A00009045

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: Affinity Publishing Group	. Inc		
3000		ne of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign icate of Existence," or "Certificate of Existence," or	ate of Good Stand	ling" and check are sub	
Please	return all correspondence conce	ming this matter	to the following:	2021
Angela	R. Anderson			
	·	Name of F	erson	1
Affinity Publishing Group, Inc.				%0 P II
		Firm/Comp	pany	PH 4: 52
13026 5	SE 97th Terrace Rd			严益 55
		Addre	ss	
Summe	rfield, FL 34491			
		City/State an	d Zip code	
angela@	gaffinitypublishinggroupinc.com			
	E-mail addre	ess: (to be used fo	or future annual report n	otification)
For fur	ther information concerning this	matter, please ca	II:	
Angela Anderson		352	X88-2515	
	Name of Person	at (Area Code	Daytime Teleph	none 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	
Hease n	ed is a check for the following an make check payable to: FLORIDA 00 Filing Fee S78.75 Fil Certificate	DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	☐ S87.50 Filing Fee. Certificate of Status & Certified 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.

Affinity Publis	Affinity Publishing Group, Inc					
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED," " Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"				
Xcelsius Musi-	c					
(If name unava	ilable in Florida, enter alternate corporate name ado	opted for the purpose of transacting busing	ness in Florida)			
7 Tennessee	3 62	2-1830392				
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)				
4. 06-13-2000	5.					
(Dai	te of incorporation)	(Date of duration, if other than pe	rpetual)			
6	13036 SE 9747 T	Errace Rd Simperfie	H.E. 34491			
	(Date first transacted business in FI	lorida, if prior to registration)	EFT			
7. No Transactions	(SEE SECTIONS 607.1501 & 607.1502					
	(Principal office	street address)	7 11			
No Transactions		To the state of th				
	(Current mailing a	ddress, if different)	52			
8. Name and stre	eet address of Florida registered agent: (P.O. E	Box NOT acceptable)				
Name:	Angela R Anderson					
Office Address:	13026 SE 97th Terrace Rd					
	Summerfield	, Florida				
	(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.

A DIRECTORS : Angela R Anderson Name: □ Chairman □Chairman 13026 SE 97th Terrace Rd □Vice Chairman Address: Vice Chairman Address: ____ Summerfield, FL 34491 □ Director □ Director ■ President □ President ☐ Vice President □Vice President □Treasurer **■**Secretary ☐ Treasurer ☐ Secretary □Other _____ Other _____ □Other Name: □Chairman □Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □Director Director □ President ☐ President □ Vice President □Vice President □ Secretary ☐ Treasurer ☐ Secretary Other Other ____ □Other ___ Name: _____ □ Chairman Name: ____ ☐ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director □President □President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary ☐Treasurer □Other ____ □Other _____ □Other □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. 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

The officer or director signing this document (and who is listed in number 14 above) affirms that the facts stated herein are true and that he of 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.

... Angela R. Anderson, President



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

ANGELA R ANDERSON

13026 SE 97TH TERRACE RD SUMMERFIELD, FL 34491

March 18, 2021

Request Type: Certificate of Existence/Authorization

Request #:

0408344

Issuance Date: 03/18/2021

Copies Requested:

Control #:

Date Formed:

Inactive Date:

Document Receipt *

Receipt #: 006169941

Filing Fee:

Formation Locale: TENNESSEE

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06/13/2000

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\$20.00

Payment-Credit Card - State Payment Center - CC #: 3801844401

\$20.00

Regarding:

AFFINITY PUBLISHING GROUP, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 06/13/2000

Status: Duration Term: Active Perpetual

Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AFFINITY PUBLISHING GROUP, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 045142124