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Division of Corporations Fax Number : (850)617-6383

From:

Email Address:

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Account Number	:	110432003053		
Phone	:	(561)694-8107		
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 FOREIGN PROFIT/NONPROFIT CORPORATION
 NULLMAN SEARCH GROUP, INC.

 MILLMAN SEARCH GROUP, INC.
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 Estimated Charge
 \$78.75

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ Millman Search Group, 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:

Michael De Biase, Esq.

	Nan	ne of Person	
Tobin, Reyes, Alvarez &	De Biase, PLLC		
	Firm	/Company	· · · · · · · · · · · · · · · · · · ·
225 NE Mizner Blvd. Su	ite 510		
······································		Address	
Boca Raton, Florida 3343	32		
	City/S	tate and Zip code	
mdebiase@tobinreyes.co	m		
	E-mail address: (to be	used for future annual r	eport notification)
For further information Michael De Biase	concerning this matter, pla	ease call:	
Name of Perso	at (at (_at (a Code Daytime	Telephone Number
Registration Se Division of Col The Centre of T	rporations Fallahassee e Street, Suite 810	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations bx 6327 ssee, FL 32314
Enclosed is a check for Please make check payab S70.00 Filing Fee	e to: FLORIDA DEPARTM	🗆 \$78.75 Filing F	ce & 🗆 \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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.

Millman Search Group, Inc. Ł. (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) Maryland ٦ (FEI number, if applicable) (State or country under the law of which it is incorporated) 10/10/1986 _ 5. 4. (Date of duration, if other than perpetual) (Date of incorporation) 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 36 Thomas Cradock Ct., Baltimore, MD. 21208 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mark Millman Name: 9840 Pecorino Isle Office Address: , Florida <u>33473</u> (Zip code) Boynton Beach 5 2022 (City) NO 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.

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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			
Chairman	Mark Millman Name:	Chairman	Name:
□Vice Chairman	36 Thomas Cradock Ct. Address:	🗆 Vice Chuirman	Address:
Director	Baltimore, MD 21208	Director	
President		President	
☐Vice President		□Vice President	- <u></u>
Secretary	[] Treasurer	Secretary	Treasurer
[]()ther	Other	00ther	Other
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	
DSecretary	DTreasurer	DSecretary	C Treasurer
Other		Other	Other
DChairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		☐ Vice President	·····
Secretary	Treasurer	Secretary	Treasurer
DOther	Dother	DOther	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.

Nellman Unk 12. Signature of Director or Officer

13. ____

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)



15512148442



Online Certificate Authentication Code: Cz81S-Pxk0qj3qxT36mGfg To verify the Authentication Code, visit http://dat.maryland.gov/verify