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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Rainbow Notary And Nuptials Network, INC.						
JOBOLCI.		of corporation - mus	st include suffix			
Dear Sir or M	1adam:					
"Certificate of	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to t	of Good Standing"	and check are submitte			
Please return	all correspondence concern	ing this matter to the	following:			
Selecia E You	ng-Jones			7.17		
		Name of Person	1	JAK 19		
Rainbow Nota	Rainbow Notary And Nuptials Network, INC					
		Firm/Company				
428 W Adams	Street					
		Address				
Jacksonville, l	FL 32202					
		City/State and Zip	code			
904rainbow@	_					
	E-mail address	s: (to be used for fut	ure annual report notif	ication)		
For further in	formation concerning this n	natter, please call:				
Selecia E You	Name of Person at (904) 333-7311 Area Code Daytime Telephone Number					
Nam	ne of Person	Area Code	Daytime Telephone	Number		
Regis Divis The C 2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations		
	check for the following amonek payable to: FLORIDA Ding Fee	EPARTMENT OF Sing Fee & S78.		S87.50 Filing Fec, 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.

(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,	n
904 Rainbow No	otary And Nuptials Network, INC		
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	business in Florida)
WYOMING	3	88-0789269	
		(FEI number, if app	licable)
February 16, 20	22	February 16, 2022	
(Date of incorporation) (Date of duration, if other than perpet		an perpetual)	
February 16, 20	22		
·	•	in Florida, if prior to registration)	
120.11/.1	,	1502, F.S., to determine penalty liability	')
428 W Adams Str	reet, Jacksonville, FL 32202		23
420 W Adams Co	•	ffice street address)	23
426 W Additis 38	reet, Jacksonville, FL 32202	ing address, if different)	
	(Current man	ing address, it different)	1 MAC 19
Name and street	et address of Florida registered agent: (P	O Roy NOT acceptable)	<u> </u>
. Name and succ		.o. box <u>wor</u> ucceptable)	$j_{\pi}^{\nu} = \frac{\omega}{\omega}$
Name:	Selecia E Young-Jones	<u></u>	PH 3: 46
Office Address:	428 W Adams Street		<u> </u>
	Jacksonville	. Florida 32202	
	(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 agont'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				
■ Chairman	Name:	□Chairman	Name: Patrici	a Young-Jones
□Vice Chairman	Address:	□Vice Chairman	131	6 Holmesdale Rd
□Director	Jacksonville, FL 32207	Director	Jacksonville,	FL 32207
■ President		□President		
□Vice President		■Vice President		
□Secretary	□Treasurer	□Secretary		☐Treasurer
Other	Other	□Other		□ Other
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Address:	
□President		□President		
□Vice President		□Vice President		2023
■ Secretary	■Treasurer	Secretary		☐Treasurer-
Other	Other	Other		Other To To
☐ Chairman	Name:	□Chairman	Name:	3 4
	Address:		Address:	
Director		Director		
□President		President		
		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing our Florida Department of Directors	tment of State Annual Re	d for reporting peport form.	ourposes only. Non-indexed
The officer or direct she is aware that fars. 817.155, F.S.	ctor signing this document (and who is listed in nur else information submitted in a document to the Dep	nber 11 above) affirms th partment of State constitu	nat the facts state ites a third degre	ed herein are true and that he or se felony as provided for in
13. SELECIA E	YOUNG-JONES, President, CEO and OWN	NER		

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Rainbow Notary And Nuptials Network Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **February 16, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001081937**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of January, 2023 at 6:19 AM. This certificate is assigned ID Number 057809327.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.