# Florida Department of St

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000232265 3)))



H230002322653ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_anucpa@chopratax.com

### FOREIGN PROFIT/NONPROFIT CORPORATION THE MARKETING ENGINE LIMITED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 1 7 2023 ( Brumbl=Y

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIA:	NCE WITH SEC	THON 607.1503,	FLORIDA STATUTES.	THE FOLLOWING	IS SUBMITTED TO
REGISTER A .	FOREIGN COL	RPORATION TO	TRANSACT BUSINESS	IN THE STATE OF	FLORIDA.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED." : orp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATIO!	N.	
THE MARKET	ING ENGINE CORP			
(It name unavails	able in Florida, enter alternate corporate name ado	opted for the purpose of transactir	ng business in Florida)	
NEW YORK	3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
11/22/2				
	of incorporation)	(Date of duration, if other	than perpetual)	
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.4502		ine	
C O Chonra CPA	. 485 Underhill Blvd STE 104, Syosset, NY 1179	• ,	uy (	
7	(Principal office			
	() The fall office	Sirver wedgessy		
	(Current mailing a	iddress, if different)		
	_			
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	23 JUL 17 8E08E 188 ATT EHASS	<u>=</u> >
Name:	Ahron Vogel		F11-1	든종
Name.	7064 Northwest 49th Street	<del></del>	PR 3:4	_
Office Address:	7004 (NORTHWEST 4701 Street	_	<b>بن</b> نظر الم	
	Lauderhill	, Florida		
	(City)	(Zip code)		
9. Registered ago	ent's acceptance: led as registered agent and to accept service		d corporation at the pla ee to act in this capacit	

/s/ Uhron Voyel
(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]:

#### (01123000232265.3)n

#### A. DIRECTORS

Charman	Name: Puncet Shukla	□Chairman	Name:	
∏Vice Chairman	Address: C/O Chopra CPA	□Vice Chairman		
[]Director	485 Underhill Blvd STE 104	□Director		
■ President	Syosset, NY 11791	□President		
		□Vice President		
Secretary	☐ Treasure:	Secretary		□Treasurer
Other		 □Other		□Other
_1Chairman	Name:	□Chairman	Name:	
(Vice Chairman	Address:	□Vice Chairman	Address:	
. Director		□Director	<del></del>	
President		□President		
Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
7.0)her	Other	□Other	<del></del>	□Other
¬Chairman	Name;	□Chairman	Name:	
	Address:	□Vice Chairman		
Director		□Director		
President		□President		
. Nice President		□Vice President		
Secretary	□Treasurer	□ Secretary	- 4.7.1	☐Treasurer
lOther	☐Other	□Other		□Other
	Use an attachment to report more than six (6). The a			purposes only. Non-indexed
Pungat Shu	: added to the index when filing your Florida Depar kla	tment of State Annual Re	port form	
12. Tancer and	Signature of Direct	or or Officer		
The officer or dire	ctor signing this document (and who is listed in num		at the facts sta	ted herein are true and that he or

S 817.155, F.S.
Puneet Shukla, President

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

sle is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

(idH23000232265/3)))

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J, RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE MARKETING ENGINE LIMITED

DOS ID Number: 6648674

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 11/22/2022

Statement Status: CURRENT Statement Due Date: 11/30/2024

No autormation is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 02, 2023 at 04:03 P.M.

Brandon C. Hydro

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100003633642 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>