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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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

Email Address: \_\_\_\_\_

RECEIVED  
2024 OCT -8 PM 2:00  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
Madden Consulting, Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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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.

## 1. Madden Consulting, Inc

(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)

## 2. KY

(State or country under the law of which it is incorporated)

## 3.

(FBI number, if applicable)

## 4. 01/03/2011

(Date of incorporation)

## 5.

(Date of duration, if other than perpetual)

## 6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

## 7. 3018 59th Street South Unit 101 Gulfport, FL 33707

(Principal office street address)

3018 59th Street South Unit 101 Gulfport, FL 33707

(Current mailing address, if different)

## 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4TH ST N STE 300

ST. PETERSBURG, Florida 33702  
(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.*

David Roberts  
(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]:

2024 OCT - 8 AM 8:51

A. DIRECTORS

☐Chairman

Name: Madden, Sean

☐Vice Chairman

Address: \_\_\_\_\_

☒Director

3018 59th Street South

☒President

Unit 101

☐Vice President

Gulfport, FL 33707

☒Secretary

☒Treasurer

☐Other \_\_\_\_\_

☐Other \_\_\_\_\_

☐Chairman

Name: \_\_\_\_\_

☐Vice Chairman

Address: \_\_\_\_\_

☐Director

\_\_\_\_\_

☐President

\_\_\_\_\_

☐Vice President

\_\_\_\_\_

☐Secretary

☐Treasurer

☐Other \_\_\_\_\_

☐Other \_\_\_\_\_

☐Chairman

Name: \_\_\_\_\_

☐Vice Chairman

Address: \_\_\_\_\_

☐Director

\_\_\_\_\_

☐President

\_\_\_\_\_

☐Vice President

\_\_\_\_\_

☐Secretary

☐Treasurer

☐Other \_\_\_\_\_

☐Other \_\_\_\_\_

☐Chairman

Name: \_\_\_\_\_

☐Vice Chairman

Address: \_\_\_\_\_

☐Director

\_\_\_\_\_

☐President

\_\_\_\_\_

☐Vice President

\_\_\_\_\_

☐Secretary

☐Treasurer

☐Other \_\_\_\_\_

☐Other \_\_\_\_\_

☐Chairman

Name: \_\_\_\_\_

☐Vice Chairman

Address: \_\_\_\_\_

☐Director

\_\_\_\_\_

☐President

\_\_\_\_\_

☐Vice President

\_\_\_\_\_

☐Secretary

☐Treasurer

☐Other \_\_\_\_\_

☐Other \_\_\_\_\_

☐Chairman

Name: \_\_\_\_\_

☐Vice Chairman

Address: \_\_\_\_\_

☐Director

\_\_\_\_\_

☐President

\_\_\_\_\_

☐Vice President

\_\_\_\_\_

☐Secretary

☐Treasurer

☐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.

12. Sean Madden

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 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.817.152, F.S.

13. Sean Madden, Director

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

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 320657

Visit <https://web.sos.ky.gov/fis/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**MADDEN CONSULTING, INC.**

MADDEN CONSULTING, INC. is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 3, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 4<sup>th</sup> day of October, 2024, in the 233<sup>rd</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
320657/0778470