M15000001732

(Re	questor's Name)	
(Ad	dress)	**
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to WIS-S917	Filing Officer:	cert.
		-
	Office Use Only	,



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2015

CAROL TOUPIN 3233 BENUCUA CIYRT NAPLES, FL 34109

SUBJECT: MARKETING CAPITAL GROUP LLC

Ref. Number: W15000059171

We have received your document for MARKETING CAPITAL GROUP LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason Regulatory Specialist II

Letter Number: 715A00018902

COVER LETTER

1.

Registration Section

TO:

Division of Corp	porations			
SUBJECT:	MARKETING	CAPITAL G	ROUP, LLC	
	Name of I	Limited Liability Company		
	n by Foreign Limited Liability Comp submitted to register the above refere			
Please return all correspon	ndence concerning this matter to the	following:		
	C A	ROL TOUPIN)	
	N	ame of Person		
	Fi	irm/Company		
	32	33 Benicia	CT.	
		Address		
	hla	2.15	2/4/0	
	City/S	PLES, F-L. Itate and Zip Code	39109	
· · · · · ·	E-mail address: (to be use	toupin a me.c	g m '	
		a for factive aimaar report no	catton)	
For further information co	oncerning this matter, please call:			
CA	RAL TOUPIN	at (239)	77 2 - C F 7	
	RAL TOUPIN Name of Contact Person	Area Code Day	time Telephone Number	er
MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	porations tion	Division Registra Clifton E 2661 Ex	of Corporations ion Section tuilding ecutive Center Circle see, FL 32301	
Enclosed is a check for the TX\$125.00 Filin	ne following amount: g Fee \$\square\$	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Feore of Status & Certified	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. (Nai	me of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")
	le, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	e must include "Limited
	4EVADA er the law of which foreign limited liability 3. 47-4916756 (FEI number, if applicable)	
company is org	anized)	
·	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
•	3233 Denicia CT- NAPLES, FL. 34109 (Street Address of Principal Office)	
	WAPLES, FL. 34109 (Street Address of Principal Office)	्रीष्ट्र 🖔 🔝
	(Street Address of Finicipal Office)	The D
** *		
	(Mailing Address)	
Name and stre		~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		1 00 171 10
Name:	3233 BENICIA CT.	
Office A	Address:	
	(City), Florida 34109 (Zip code)	_
	(City) (Zip code) t's acceptance:	
laving been nat his application, with the provision	med as registered agent and to accept service of process for the above stated corporation I hereby accept the appointment as registered agent and agree to act in this capacity. I job of all statutes relative to the proper and complete performance of my duties, and I among my position as registered agent.	further agree to comply
	the Tom	-
	(Registered agent's signature)	
	tle or capacity and address of the person(s) who has/have authority to manage is/are:	
8. The name, ti	• • • • • • • • • • • • • • • • • • • •	
8. The name, ti	CAROL TOUPIN, MANAGER	
3. The name, ti	• • • • • • • • • • • • • • • • • • • •	
3. The name, ti	CAROL TOUPIN, MANAGER 3233 RENICIA CT	
O. Attached is a curisdiction unde	CAROL TOUPIN, MANAGER	custody of records in the
. Attached is a curisdiction unde	CAROL TOUPIN, MANAGER 3233 RENICIA NAPLES, FL. 34105 Detrificate of existence, no more than 90 days old, duly authenticated by the official having or the law of which it is organized. (If the certificate is in a foreign language, a translation of must be submitted)	custody of records in the f the certificate under oa
. Attached is a curisdiction unde	CARRE TOUPIN, MANAGEN 3233 RENICIA NAPLES, FL. 34109 Detrificate of existence, no more than 90 days old, duly authenticated by the official having or the law of which it is organized. (If the certificate is in a foreign language, a translation of	custody of records in the f the certificate under oa
Attached is a curisdiction under the translator	CAROL TOUPIN, MANAGER 3233 RENICIA NAPLES, FL. 34105 Detrificate of existence, no more than 90 days old, duly authenticated by the official having or the law of which it is organized. (If the certificate is in a foreign language, a translation of must be submitted)	custody of records in the f the certificate under oad
D. Attached is a curisdiction under the translator	CARRIET TOUPIN, MANAGEN 3233 RENICIA WARRES, 72- 34109 Detrificate of existence, no more than 90 days old, duly authenticated by the official having or the law of which it is organized. (If the certificate is in a foreign language, a translation of must be submitted) Signature of an authorized person seexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any	custody of records in the fithe certificate under oa

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MARKETING CAPITAL GROUP, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 6, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 27, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150827-2156
You may verify this electronic certificate
online at http://www.nvsos.gov/