

P15000003906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

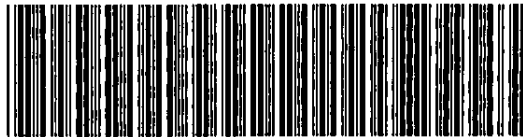
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/30/14--01026--019 **128.75

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15 JAN 13 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/15/15

COVER LETTER

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15 JAN 13 PM 3:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: Maven Resources, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Julie Scher

Name (printed or typed)

204 37th Avenue North, Suite 407

Address

Saint Petersburg, Florida 33704

City, State & Zip

404-931-1532

Daytime Telephone Number

mavenpromos@gmail.com

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JAN 13 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 31, 2014

JULIE SCHER
204 37TH AVENUE NORTH
SUITE 407
SAINT PETERSBURG, FL 33704

SUBJECT: MAVEN RESOURCES, INC.
Ref. Number: W14000076944

We have received your document for MAVEN RESOURCES, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove Article VIII; the effective date will be the date on the Certificate of Domestication.

Please return the corrected original and one copy of your document, along with 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 814A00027519

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15 JAN 13 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, Julie Scher, President,
(Name) (Title)

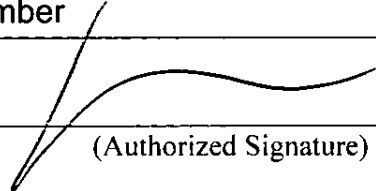
of Maven Resources, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was November 18, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Atlanta, Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Maven Resources, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Maven Resources, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Atlanta, Georgia.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Julie Scher, of Maven Resources, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 31st day of December, 2014.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH CHAPTER 607, F.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE NAME OF THE CORPORATION SHALL BE:

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Mailing Address

Saint Petersburg, Florida 33704

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

[illegible]

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Julie Scher, President

335 34th Avenue NE

Saint Petersburg, Florida 33704

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Julie Scher

335 34th Avenue NE

Saint Petersburg, Florida 33704

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Julie Scher

335 34th Avenue NE

Saint Petersburg, Florida 33704

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

12/31/14

Date

Signature/Incorporator

12/31/14

Date

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15 JAN 13 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA