



**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Mackerel of FL, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven Pickett

Name of Person

DoMyLLC.com

Firm/Company

4620 Kleberg Street

Address

Simi Valley, CA 93063

City/State and Zip code

info@domyllc.com

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

For further information concerning this matter, please call:

Steven Pickett on behalf of Incorp Services, Inc. at ( 888 ) 366-9552  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, 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.*

1. Mackerel of FL, 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. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/2014 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 509 Route 70 West, Cherry Hill, NJ 08002  
(Principal office address)  
509 Route 70 West, Cherry Hill, NJ 08002 US  
(Current mailing address)

8. Any Lawful Activity  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: InCorp Services, Inc.

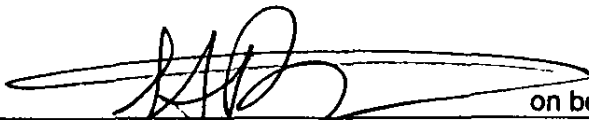
Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip code)

FILED  
14 NOV 18 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**10. 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.*

  
\_\_\_\_\_ on behalf of InCorp Services, Inc.  
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Patrick Caprarola

Address: 509 Route 70 West, Cherry Hill, NJ 08002

Vice Chairman: \_\_\_\_\_

Address: 509 Route 70 West, Cherry Hill, NJ 08002

Director: Patrick Caprarola

Address: 509 Route 70 West, Cherry Hill, NJ 08002

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Patrick Caprarola

Address: 509 Route 70 West, Cherry Hill, NJ 08002

Vice President: Patrick Caprarola

Address: 509 Route 70 West, Cherry Hill, NJ 08002

Secretary: Patrick Caprarola

Address: 509 Route 70 West, Cherry Hill, NJ 08002

Treasurer: Patrick Caprarola

Address: 509 Route 70 West, Cherry Hill, NJ 08002

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.817.155, F.S.

14. Patrick Caprarola, President

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

# Delaware

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*The First State*

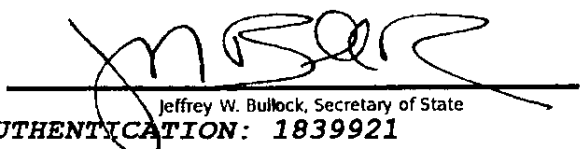
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACKEREL OF FL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2014.

5624700 8300

141376435

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1839921

DATE: 11-05-14