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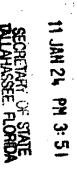
(Requestor's Name)
(Addross)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: M.J.M. Organization Inc. Name of comporation - 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:
MUCH MORRIS
Name of Person
M.S.M. Organization, Inc. Water tax, Party Boat Firm/Company & Fictitions name
1001 Seafarer Circle West 303
Jup Heb, F1 33477 City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milce Morris at (732) 939-3464 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 & Certified Copy \$87.50 Filing Fee, Certified Copy 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. M. V. M. Organization; "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") 1 Water Tax Party Boat Fictious raise (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. V (State or country under the law of which it is incorporated) 3. 2233(e0502 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Seafarer Circle Unit 303

Florida 33477
(Zip code) Office Address: 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.

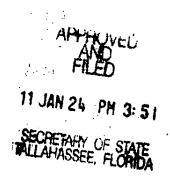
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



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

A. DIRECTORS	11 JAN 24	PM 3:51
Chairman: MIKE MOCCIS	SECRETARY	
Address: 1001 Seafarer arche Unit 30	HALLAHASSEE	FLORIDA
Jupiter, 151 33477		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:		
Address:		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
13. Signature of Director or Officer		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the fa	ects stated herei	n
are true and that he or she is aware that false information submitted in a document to the Department o third degree felony as provided for in s.817.155, F.S.		
14. My Morris (Typed or printed name and capacity of person signing application)		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING



M.J.M. ORGANIZATION, INC.

0100606544

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 14, 1994.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2009

I further certify that the registered agent and registered office are:

Michael J Morris 223 Drum Point Road Brick, NJ 08723

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Certification# 119304495

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of January, 2011

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp