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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Monster Movers, 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:

William Antonelli
Name of Person

Monster Movers, Inc.
Firm/Company

12 Jacques St.
Address

Worcester, Ma. 01603
City/State and Zip code

monstermovers@msn.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Antonelli at (508) 989-8607
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:

- [x] $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.

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1. Monster Movers, 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. Massachusetts.
(State or country under the law of which it is incorporated)

3. 020579710
(FEI number, if applicable)

4. 4/5/2002
(Date of incorporation)

5. "Perpetual"
(Duration: Year corp. will cease to exist or "perpetual")

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

7. 12 Jacques St. Worcester, Ma. 01603
(Principal office address)

1050 Lake Berkley Drive Kissimmee FL. 34746
(Current mailing address)

8. Moving of Household goods
(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: William Antonelli

Office Address: 1050 Lake Berkley Dr.

Kissimmee, Florida 34746
(City) (Zip code)

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.

William J. Antonelli
(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: William Antonelli

Address: 1050 Lake Berkley Drive
Kissimmee FL. 34746

Vice Chairman: " "

Address:

Director: " "

Address:

Director: " "

Address:

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B. OFFICERS

President: William Antonelli

Address: 1050 Lake Berkley Drive
Kissimmee FL. 34746

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. William J. Antonelli
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. William Antonelli President
(Typed or printed name and capacity of person signing application)

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 2, 2011

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

MONSTER MOVERS, INC.

is a domestic corporation organized on **April 5, 2002**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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