F11000001574

(Requestor's Name)				
(Address)				
(Address)				
(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



300196741313

03/04/11--01023--012 **87.50

11 APR 12 AM 10: 31

W1.13426

Ann

COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT: AMY MOHAWK TRASN	FER, INC	
	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to r	
Please return all correspondence concerning this mat	ter to the following:	
DANIELLE CATALANO		
Name	of Person	
AMY MOHAWK TRANSFER, INC	•	
Firm/Co	ompany	
426 SAND SHORE ROAD #4		
Ad	dress	
HACKETTSTOWN, NJ 07840		
·	e and Zip code	
DANIELLE@AMYMOHAWK.COM	16.6	
E-mail address: (to be use	d for future annual report notification	1)
For further information concerning this matter, pleas	e call:	
DANIELLE CATALANO at (908	₎ 850-9001	
at (a Code & Daytime Telephone Numb	er
	·	
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 Certificate of Status	Certified Copy Cert	50 Filing Fee, ificate of Status & ified Copy



RECEIVED

11 APR 12 AM 11:39

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2011

DANIELLE CATALANO 426 SAND SHORE RD #4 HACKETTSTOWN, NJ 07840

SUBJECT: A.M.Y./MOHAWK TRANSFER, INC.

Ref. Number: W11000013426

We have received your document for A.M.Y./MOHAWK TRANSFER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 511A00005763

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.

(Enter name of	corporation: must include "INCORPORATED	O," "COMPANY," "CORPORATION,"	
"tnc.," "Co.," "	Corp," "Inc," "Co," or "Corp,")		
			,
(If name unava	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)
NEW JERSI		22-2384903	,
	y under the law of which it is incorporated)	(FEI number, if applicable)	
SEPTEMB	ER 2, 1981 5	DEDOFTINAL	
	e of incorporation)	(Puration: Year corp. will cease to exist o	r "perpetual")
DDD	NEILINICI		
1		in Florida, if prior to registration)	
	·	502, F.S., to determine penalty liability)	
426 SAND	SHORE ROAD #4 HACKETT		
400 0 4 4 1 5	(Principal office add	·	
426 SANL	SHORE ROAD #4 HACKE		
	(Current mailing add	iress)	
TO COND	UCT BUSINESS IN FLORID	Α	69
	s) of corporation authorized in home state or co		= = = = = = = = = = = = = = = = = = =
. .		D. Day NOT assemble)	APR 12
Name and <u>stre</u>	et address of Florida registered agent: (P.C	5. Box NOT acceptable)	- SF
Name:	INCORP SERVICES, INC		£.3
fice Address:	17888 67TH COURT NORTH		AM IO: 3
1100 1 1001 0001		Elorida 33470	ω Ξ
	LOXAHATCHEE (City)	, Florida 33470 (Zip code)	- 75
	(Ony)	(22.1)	

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.

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 direct	tors:	
A. DIRECTORS		
Chairman:		· · · · · · · · · · · · · · · · · · ·
Address:		
		
Vice Chairman:		
Address:		

Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: KEVIN WALSH		
Address: 23 WOODLAND HEIGHTS CIRCLE		ilent
GLEN GARDNER, NJ		- 12 Kil
Vice President:	APR.	<u>₹</u>
Address:		A Section
	A	유유 - 유명 - 유명
Secretary:	π ω	
Address:		7,5
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the	application listing additional officers and/or directors	; .
13. Signature of D	ll	
Signature of D The officer or director signing this document (and who is I are true and that he or she is aware that false information s third degree felony as provided for in s.817.155, F.S.	isted in number 12 above) affirms that the facts stated	
KEVINI WALCH DDESIDENT		
(Typed or printed name and capac	ity of person signing application)	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

A.M.Y./MOHAWK TRANSFER, INC.

0100148460

With the Previous or Alternate Name

WALSH/MOHAWK TRANSFER, INC. (Previous Name)

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 September 2, 1981.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are

Kevin G. Walsh 426 Sand Shore Road Hackettstown, NJ 07840

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of March, 2011

A. G.

Andrew P Sidamon-Eristoff
State Treasurer

Certification# 119693216

Verify this certificate at https://www1.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp