F13000000235

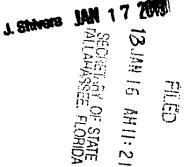
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000242932840

12/31/12--01017--002 **87.50



212, 27



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2013

STUART HANLEY 4201 N OCEAN DR #403 HOLLYWOOD, FL 33019

SUBJECT: MOONEY 6833 NOVEMBER CORPORATION

Ref. Number: W1300000047

We have received your document for MOONEY 6833 NOVEMBER CORPORATION 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.

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.

Letter Number: 813A0000019

Justin M Shivers Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: MOONEY 6833 NOVEMBER CORPORATION				
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:				
STUMBET HANGEM				
Name of Person				
Firm/Company				
4201 N OCOMN DR # 403				
A 11				
HOLLYWOOD, FL 33019				
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ST TO THE STATE OF				
Sturr 1 Havroy at 305 336-2926 Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number Name of Person Name of Person Name of Person Name of Person				
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 & □ \$78.75 Filing Fee & Certificate of Status Certified Copy 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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting business in Florida)	
Delaware)	3	46-0707027	
(State or country i	under the law of which it is incorporated)	J.	(FEI number, if applicable)	_
7/31/2012	2	5.	Perpetual	
(Date	of incorporation)	۶.	(Duration: Year corp. will cease to exist or "perpetual")	
upon qua	lification			
.,			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
1811 NW			Lauderdale, Florida 33309	
All lawful	51st St. Hangar #42C Ft. (Current mailing a business			_
(Purpose(s	of corporation authorized in home state or	r co	untry to be carried out in state of Florida)	
Name and stree	t address of Florida registered agent: (P. C	D. Box NOT acceptable)	JAN
Name:	Stuart Hanley		SSE SSE	5
ffice Address:	4201 North Ocean Dr.	#4		AH 11: 22
	Hollywood, Florida		, Florida 33019 를써	: 23
	(City)		(Zip code)	
			ice of process for the above stated corporation at th ment as registered agent and agree to act in this cap	

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: Address: Vice Chairman: Address: __ Director: Ryan Forsyth Address: 80 Orleans St., #10, Boston Massachusetts 02128 Director: Stuart Hanley Address: 4201 N Ocean Dr. #403 Hollywood, FL 33019 **B. OFFICERS** President: Ryan Forsyth Address: 80 Orleans St., #10, Boston Massachusetts 02128 Vice President: Stuart Hanley Address: 4201 N Ocean Dr. #403 Hollywood, FL 33019 Secretary: Stuart Hanley Address: 4201 N Ocean Dr. #403 Hollywood, FL 33019 Treasurer: Ryan Forsyth Address: 80 Orleans St., #10, Boston Massachusetts 02128 NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or directors. 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 Stuart Hanley - Vice President

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOONEY 6833 NOVEMBER CORPORATION" 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5192017 8300

121237558

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State VCATION: 9992950 AUTHENT

DATE: 11-16-12