Division of Corporations **Electronic Filing Cover Sheet**

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(((H130000304013)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

201218.18010C

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone

: (850)222-1173

Fax Number

: (850)224-1640

Enter the email address for this business entity to be used for fuglif annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

M.P.N., INC.

A CONTRACTOR OF THE CONTRACTOR	ا المستخدم ا
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

The state of the s				
TO: New Filing Section Division of Corporations				
SUBJECT: M.P.N., Inc.				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Forcign Corporation for Authorization to Transact Business in Florida," "Certificate of Bxistence," or "Certificate of Good Standing" and check are submitted to register the above referenced forcign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Bellnda Schory				
Name of Person				
Penncorp Servicegroup, Inc.				
Firm/Company				
600 N. 2nd St., Ste. 401				
Address				
Harrisburg, PA 17101				
City/State and Zip code				
penncorp@penncorp.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Belinda Schory 3717 234-2300 x 2				
Belinda Schory at 717 234-2300 x 2 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status & Certified Copy				

H130000304013

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.

	adiator Supply Co.		-	
	•	ne adopted for the purpose of transacting business in Florida)	ŀ	
2. Pennsylv		3. 23-2462361		
4. March 2,	under the law of which it is incorporated) 1987	(PEI number, if applicable) Serpetual		
	of incorporation)	5. (Duration: Year corp. will cease to exist or "perpetual")		
6.				
 · · · · · · ·		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	_	
_z 3675 Aml	per Street, Philadelphia, F	PA 1913 4		,
_{7.} 3675 Aml	per Street, Philadelphia, F		_	•
· · · · · · · · · · · · · · · · · · ·		ddress)		
· · · · · · · · · · · · · · · · · · ·	(Principal office a	ddress) A 19134	-	
3675 Ami	(Principal office a per Street, Philadelphia, PA	ddress) A 19134	-	
3675 Ami	(Principal office a per Street, Philadelphia, PA (Current mailing a	ddress) A 19134 ddress)	- 13	
3675 Ami 8. Sale of H	(Principal office a per Street, Philadelphia, PA (Current mailing a leat Exchangers	ddress) A 19134 ddress) country to be carried out in state of Florida)	-64	وتسويدت
3675 Ami 8. Sale of H	(Principal office as per Street, Philadelphia, Philadelphia, Philadelphia, Philadelphia, Philadelphia, Philadelphia, Philadelphia, Current mailing as deat Exchangers a) of corporation authorized in home state or	ddress) A 19134 ddress) country to be carried out in state of Florida)	13 FEB -7	Congress of the Congress of th
3675 Ami 8. Sale of F (Purpose) 9. Name and street	(Principal office and per Street, Philadelphia, PA) (Current mailing and leat Exchangers a) of corporation authorized in home state or let address of Plorida registered agent: (I	ddress) A 19134 ddress) country to be carried out in state of Florida) P.O. Box NOT acceptable) A A A A A A A A A A A A A A A A A A A	FEB-7	
3675 Ami 8. Sale of F (Purpose) 9. Name and streethers:	(Principal office as per Street, Philadelphia, PA (Current mailing as leat Exchangers) of corporation authorized in home state or et address of Florida registered agent: (In Monica Rivers)	ddress) A 19134 ddress) country to be carried out in state of Florida) P.O. Box NOT acceptable) A A A A A A A A A A A A A A A A A A A	-64	Establishing Control of the Control

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.

(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.

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12. Names and business addresses of officers and/or directors:				
A. DURECT				
Chairman: _	Martin P. Newell, Jr.			
Address:	3675 Amber Street, Philadelphia, PA 19134			
Viso Chriman	×			
Address:				
Director:	·			
Address:				
Director		<u> </u>		
Addrew:				
B. OFFICE		EB -7		
Posident:	Martin P. Newell, Jr.	LEI<		
Address:	3675 Amber Street, Philadelphia, Ph. 19134	07 .		
Vico President	Paul Luff	24 DA:		
Address:	3675 Amber Street, Philadelphia, PA 19134			
Socretary:	Martin P. Newell, Jr.			
Address:	3675 Amber Street, Philadelphia, PA 19134			
Treasuror	Martin P. Nevell, Jr			
Address:	36%5 Amber Street, Philadelphia, PA 19134			
	desnary four profestracts of shipshirm to the application listing additional officers and/or s	ilrectors.		
ne true and t	Signature of Director or Officer director signing this discussions (and who is listed in number 12 above) affirms that the fact the or she is swere that false information submitted in a document to the Department of felony as provided for in a.817,155, F.S.	an stated herein State constitutes		
14, <u>P</u>	aul Luff, Vice President			
	(Typed or printed name and capacity of person signing application)			

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

FEBRUARY 1, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

M. P. N., INC.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth