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## FOREIGN PROFIT/NONPROFIT CORPORATION MPRO WORKS, INC.

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## 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 "INCORPORATED orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	-
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)	-
NEW YORK	3		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	-
1/20/2011	5	PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	-
<del></del>			_
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
1 WEST STREE	T SUITE 100, NEW YORK, NY 10004		_
	(Principal office ad	dress)	
210 174TH ST.	#1401, SUNNY ISLES, FL 33160		<del></del>
	(Current mailing ad	ldress)	
ADVERTISING	•		
(Purpose(s	) of corporation authorized in home state or o	country to be carried out in state of Florida)	-
Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	<u></u>
Name:	NATAN RIVEN		Ā
ffice Address:	210 174TH ST. #1401	HASS	IG 22
	SUNNY ISLES	Florida 33160	
	(City)	(Zip code)	
aving been nam esignated in this erther ugree to c	application, I hereby accept the appoint	SA  wice of process for the above stated corporation above the stated corporation above timent as registered agent and agree to act in this capa relative to the proper and complete performance of massition as registered agent.	icity. I

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	,
A. DIRECTORS	
Chairman: NATAN RIVEN	
Address: 210 174TH ST. #1401	
SUNNY ISLES, FL 33160	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	= = =
Address:	
	HA HA
	SSE 2
B. OFFICERS	
President: NATAN RIVEN	<u></u>
Address: 210 174TH ST. #1401	
SUNNY ISLES, FL 33160	
Vice President:	
Address:	
	. <del></del>
Secretary:	<u>, , , , , , , , , , , , , , , , , , , </u>
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
13. X (Signature of Director or Officer listed in number 12 of the application)	
(Signature of Director of Officer fisted in number 12 of the application)	
(Typed or printed name and capacity of person signing application)	

## State of New York Department of State State

I hereby certify, that the Certificate of Incorporation of MPRO WORKS, INC. was filed on 01/20/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 08/20/2013.

I further certify that no other documents have been filed by such corporation.



201308210670 \* LN

Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of August two thousand and thirteen.

Anthony Giardina

**Executive Deputy Secretary of State** 

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SEUKETARY OF STATE