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SECRETARY OF STALE
DIVISION OF CORPORATION

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## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Molse Associates, inc  Name of corporation - must include suffix				
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:  A lbest Blair  Name of Person  (ansoy Simberg  Firm/Company  3440 Holly was Blos 2M floor  Address  Holly was FC 33021				
Name of Person				
(anloy simberg				
Firm/Company				
3440 Holly wood Blod 2nd floor				
Address  Molly Vood, FC 33021  City/State and Zip code  Abbit 74 C Comcast. Net  E-mail address: (to be used for future annual report notification)				
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:				
Albert Blaj'r at (786) 368-6772  Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building  MAILING ADDRESS: New Filing Section 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 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. MORSE ASSOCIATES, 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) (State or country under the law of which it is incorporated)

(Date of incorporation)

(State or country under the law of which it is incorporated)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Date first transacted business in Florida, in prior to regular (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. RENSSE (a RT Technology perk 165 Jordon M. ATTOV. NY

(Principal office address)

Molse Associates, in [, 2056 Vista parkvey Suite 225 Vest plan Brack

(Current mailing address)

FC. 33411

8. Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

(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) Albert Blair
3440 Hollywood Rlud, and AlorHollywood, Florida 33021 Name: Office Address: 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. (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:	SECRETARY OF STATE DIVISION OF CORPORATION			
A. DIRECTORS	2019 NOV 12			
Chairman: Roger Molse				
Address: 165 Jordan Ad				
T/of Ny 12180				
Vice Chairman: Lynn J. Arnold				
Address: 165 Joldan R.1  Try Ny 12180				
Try, Ny 12180				
Director:	,			
Address:				
Director:	<del>-</del>			
Address:				
B. OFFICERS				
President ROGER MOSSE				
President: Roger Morse  Address: 165 Jorson RJ				
T/2/ Ny 12180	<u> </u>			
Vice President: LYNN 3. Al Nold				
165 Tollar Al				
Address:	<u> </u>			
/ VAA T ACALL		· · · · · · · · · · · · · · · · · · ·		
Address: 165 Juldan Al Troy, Ny	12180			
Address: 103 300 113				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing add		d/or directors.		
13. Rose Mr. Signature of Director or Officer				
The officer or director signing this document (and who is listed in number 12 about are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	ove) affirms that that to the Departme	he facts stated herein ent of State constitutes		
14. Roger Malse  (Typed or printed name and capacity of person signing a	<del></del>			
(Typed or printed name and capacity of person signing application)				

FILED SECRETARY OF STATE DIVISION OF CORPORATION

## State of New York Department of State } ss:

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I hereby certify, that the Certificate of Incorporation of MORSE ASSOCIATES, INC. was filed on 07/10/2013, 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.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of September two thousand and thirteen.

Coursey Stardina

Executive Deputy Secretary of State