

F 140000000671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

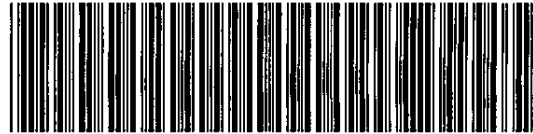
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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193.637-

W140000006737

2/14/14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Modaco Management, Inc.

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:

Gerson Hernandez

Name of Person

General Corporate Services Inc.

Firm/Company

28015 Smyth Dr

Address

Valencia, CA 91355

City/State and Zip code

gerson@comapniesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerson Hernandez

Name of Person

at ( 661 ) 310-2823

Area Code & Daytime Telephone Number

**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 & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2014

GERSON HERNANDEZ  
28015 SMYTH DRIVE  
VALENCIA, CA 91355

SUBJECT: MODACO MANAGEMENT, INC.  
Ref. Number: W14000006737

We have received your document for MODACO MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The person signing on numbers 13 and 14 must be listed on number 12.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00002306

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CORPORATIONS

ISSUE has been Fixed PLS  
file. thanks

**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.*

1. **Modaco Management, 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)

2. **Wyoming**

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

3. **Applied For**

(FEI number, if applicable)

4. **04/04/2012**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon Filing**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **222 Lakeview Avenue, Suite 160118, West Palm Beach, FL 33401**

(Principal office address)

**222 Lakeview Avenue, Suite 160118, West Palm Beach, FL 33401**

(Current mailing address)

8. **Business Services**

(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)

Name:

**REGISTERED AGENTS INC.**

Office Address:

**3030 N. Rocky Point Dr, STE 150A**

**Tampa**

(City)

, Florida

**33607**

(Zip code)

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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.*



**Dan Keen - President**

(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:

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**A. DIRECTORS**

Chairman: Terrell Brown

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Address: 222 Lakeview Avenue, Suite 160118  
West Palm Beach, FL 33401

Vice Chairman: Terrell Brown

Address: 222 Lakeview Avenue, Suite 160118  
West Palm Beach, FL 33401

Director: Terrell Brown

Address: 222 Lakeview Avenue, Suite 160118  
West Palm Beach, FL 33401

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Terrell Brown

Address: 222 Lakeview Avenue, Suite 160118  
West Palm Beach, FL 33401

Vice President: Terrell Brown

Address: 222 Lakeview Avenue, Suite 160118  
West Palm Beach, FL 33401

Secretary: Terrell Brown

Address: 222 Lakeview Avenue, Suite 160118, West Palm Beach, FL 33401

Treasurer: Terrell Brown

Address: 222 Lakeview Avenue, Suite 160118, West Palm Beach, FL 33401

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

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. Terrell Brown - President

(Typed or printed name and capacity of person signing application)

# State of Wyoming

## Office of the Secretary of State



United States of America,  
State of Wyoming

} ss.

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DIVISION OF CORPORATIONS

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I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Modaco Management, Inc.**  
is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **April 4, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000620123**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of January, 2014 at 2:00 PM.



*Max Maxfield*

Secretary of State

By

*Helen Becker*  
Helen Becker