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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Mountain Moving TRANSportation and Outreach, 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:				
(Livonne Wise				
Name of Person				
Mountain Moving Company TRANSportation				
Firm/Company				
2703 Carlson Circle # 203				
Δ ddress				
Melbourne F2 32901 City/State and Zip code				
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Yunne Wise at (866) 702 - 8579 Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Pelephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 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

	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Moun-	tain Moving Transportation and atreach, Ix. rporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of co	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.")
me., co., c	ip, me, co, or corp.)
	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Neva</u>	under the law of which it is incorporated) 3. 46-435 985/ (FEI number, if applicable)
(State or country	under the law of which it is incorporated) (FEI number, it applicable)
4. (Date	of incorporation) 5. Persetual (Duration: Fear corp. will cease to exist or "perpetual")
6.	
·	(Date first transacted business in Florida, if prior to registration)
_ <u>`</u>	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 \times !	(Principal office address)
270	O3 Carlson Circle #203, Melbourne, FL 32901 (Principal office address) (Principal office address) (Principal office address) (Principal office address) (Principal office address)
•	(Current mailing address)
8 Name and stree	address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	#213 ==
Office Address:	Melbourne .Florida 32901 (City) (Zip code)
	melbourne . Florida 32901
	(City) (Zip code)
9. Registered age	nt's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the plac
designated in this	application, I hereby accept the appointment as registered agent and agree to act in this capacity.
	mply with the provisions of all statutes relative to the proper and complete performance of my miliar with and accept the obligations of my position as registered agent.
	Morrie Wise
	(Registered agent's signature)
	•

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	产资
Address:	
Additss.	
B. OFFICERS	
b. OFFICERS	
President: Uvonne Wise Address: Melbourne, FC 32901 Vice President: David Moore	
Address: C/ 32 Cc/	
me Ibaine, FC 32701	
Vice President: David Massi	
Address: 4446 Hendricks Are # 149 Jacksonville, FL 32207	
JACKSONVIlle, FL 3220/	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors.
12. Signature of Director or Officer	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirm	
are true and that he or she is aware that false information submitted in a document to the I	
a third degree felony as provided for in s.817.155, F.S. 13	
13. Typed or printed name and capacity of person signing application	n)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MOUNTAIN MOVING TRANSPORTATION AND OUTREACH, INC., as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 20, 2014, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20140702-2055
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 2, 2014.

ROSS MILLER Secretary of State FILED

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