

FR40000005119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

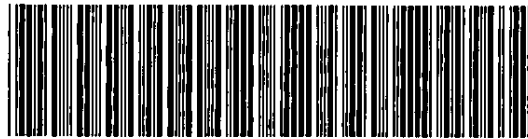
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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14 DEC -3 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11151-68226

YMD 12/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MDOS CONSULTING INCORPORATED

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:

MURAT CECEN

Name of Person

MDOS CONSULTING INCORPORATED

Firm/Company

75 N WOODWARD AVE #8000-1621

Address

TALLAHASSEE, FL 32313

City/State and Zip code

murat@mdosconsulting.com

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

For further information concerning this matter, please call:

MURAT CECEN

Name of Person

at (888) 611-7758

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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2014

MURAT CECEN
MDOS CONSULTING INC.
75 N. WOODWARD AVE., #8000-1621
TALLAHASSEE, FL 32313

SUBJECT: MDOS CONSULTING INCORPORATED
Ref. Number: W14000068226

We have received your document for MDOS CONSULTING INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 214A00024075

**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. **MDOS CONSULTING 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. **ONTARIO, CANADA**

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

3. **98-1078334**

(FEI number, if applicable)

4. **APRIL 11TH 2001**

(Date of incorporation)

5. **PERPETUAL**

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

6. _____

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

7. **45 O'CONNOR STREET SUITE 1150 OTTAWA, ON K1P 1A4 CANADA**

(Principal office address)

75 N WOODWARD AVE #8000-1621 TALLAHASSEE, FL 32313

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **MURAT CECEN**

Office Address: **75 N WOODWARD AVE #8000-1621**

TALLAHASSEE, FL

(City)

, Florida **32313**

(Zip code)

9. **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)

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: MURAT CECEN

Address: 45 O'CONNOR STREET SUITE 1150
OTTAWA, ON K1P 1A4 CANADA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MURAT CECEN

Address: 45 O'CONNOR STREET SUITE 1150
OTTAWA, ON K1P 1A4 CANADA

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____
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.

13. MURAT CECEN - PRESIDENT

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

FILED
14 DEC -3 AM 11:51
DEPT. OF STATE
FALLAHOUSE, FLORIDA

Request ID: 025848719
Demande n° :

Province of Ontario
Province de l'Ontario

Date Report Produced: 2014/10/31
Document produit le :

Transaction ID: 76520812

Ministry of Government Services

Time Report Produced: 14:12:19

Transaction n° :

Ministère des Services gouvernementaux

Imprimé à :

Category ID: CT

Catégorie :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the D'après les dossiers du Ministère des records of the
Ministry of Government Services gouvernementaux, nous attestons Services que la société

MDOSCONSULTING INC.

Ontario Corporation Number Numéro matricule de la société (Ontario)

001457874

is a corporation incorporated, est une société constituée, prorogée ou née amalgamated or
continued under d'une fusion aux termes des lois de la the laws of the Province of Ontario.
Province de l'Ontario.

The corporation came into existence on La société a été fondée le

APRIL 19 AVRIL, 2001

and has not been dissolved. et n'est pas dissoute.



Dated Fait le

OCTOBER 31 OCTOBRE, 2014

Director
Directrice

The issuance of this certificate in electronic form is authorized by the Ministry of Government Services. La délivrance
du présent certificat sous forme électronique est autorisée par le Ministère des Services gouvernementaux.

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14 DEC -3 AM 11:51
CLERK OF STATE
TALLAHASSEE, FLORIDA