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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

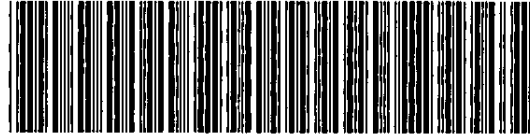
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MASON & MASON CAPITAL RESERVE ANALYSTS, 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:

JAMES G. MASON II

Name of Person

MASON & MASON CAPITAL RESERVE ANALYSTS, INC

Firm/Company

779 2ND ST (P.O. Box 33)

Address

CEDAR KEY, FL 32625

City/State and Zip code

JIMSR@MASONRESERVES.COM

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

For further information concerning this matter, please call:

JAMES G. MASON II at (352) 543-9798

Name of Person

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

**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. MASON & MASON CAPITAL RESERVE ANALYSTS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MASON & MASON CRAI
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VA 3. 54-1927575
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/20/1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/5/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 779 2ND ST CEDAR KEY, FL 32625
(Principal office address)
PO Box 33 CEDAR KEY, FL 32625
(Current mailing address)

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

Name: JAMES G. MASON II

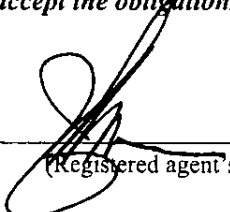
Office Address: 779 2ND ST

CEDAR KEY, Florida 32625
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

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Address: _____

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

NANCY K. MASON

Address: _____

779 2ND ST.

CEDAR KEY, FL 32625

Director: _____

JAMES G MASON II

Address: _____

779 2ND ST.

CEDAR KEY, FL 32625

B. OFFICERS

President: _____

NANCY K. MASON

Address: _____

779 2ND ST.

CEDAR KEY, FL 32625

Vice President: _____

Address: _____

Secretary: _____

TREASURER JAMES G MASON II

Address: _____

779 2ND ST

Treasurer: _____

CEDAR KEY, FL 32625

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. _____

JAMES G. MASON II SEC/TR.

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That MASON & MASON CAPITAL RESERVE ANALYSTS, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is January 20, 1999;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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TALLAHASSEE, FLORIDA



Signed and Sealed at Richmond on this Date:
January 15, 2015

Joel H. Peck

Joel H. Peck, Clerk of the Commission