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SEP 25 2015 S. YOUNG



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2015

RONALD MORELLO 647 FRANKLIN AVENUE STE 200 GARDEN CITY, NY 11530

SUBJECT: M & O ENTERPRISES, INC

Ref. Number: W15000059468

We have received your document for M & O ENTERPRISES, INC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 715A00019014

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: M&O ENTERPRISES  Name of corporation - r	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
RONAID MORELLO Name of Per	TRUSTER
Name of Per	rson
M+ OENTERPUSAS, INC	
Firm/Compa	ny
M+ OENTERPRISAS, NC Firm/Compa 647 FRANKLIN AVL Address	SUITE ZOO
Address	
Address  GANDEN CITY  City/State/and  RG More Concerning this matter, please call	11530
City/State/and	Zip code
(CG MORE & GMAIL.	Com
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
Row Morello at (516)	486-5250
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	\$78.75 Filing Fee & Sertified Copy Sertified 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
MAD ENTERPRISES PROFIT SHARING PLAN - PSP (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New YORK 3. 11-2556774 (State or country under the law of which it is incorporated) (FEI number, if applicable)
1001
4. 1781 5. (Date of incorporation) (Date of duration, if other than perpetual)
6. JULY , 2015
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 647 FRANKLIN AVE SUITE ZOO (Principal office address)
(Principal office address)  GANDIN CITY, N.Y. // 1/530  (Current mailing address, if different)
GANDIN CITY, N.Y. 11530
(Current mailing address, if different)
8. Name and street address of Florida register d agent: (P.O. Box NOT acceptable)  Name: DAMIAN KONDROTAS
Office Address: 2603 NIGHT RAINS DA
C. 2000
Office Address: 2603 NIGHT MAINE DIC  LUTZ, Florida FL 33559  (City) (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: Vice Chairman: \_\_\_\_\_ Address: Address: Director: \_ B. OFFICERS Z00 Address: 71530 Vice President: Address: \_\_\_ Secretary: \_\_ Address: \_\_ Treasurer: Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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 felopy as provided for in s.817.155, F.S. Vras.

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

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of M & O ENTERPRISES, INC. was filed on 01/27/1981, under the name of M & O ENTERPRISES CORP., 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.

A Certificate of Amendment M & O ENTERPRISES CORP., changing its name to M & O ENTERPRISES, INC., was filed 03/05/1987.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of August two thousand and fifteen.

Chiting Scardina

Executive Deputy Secretary of State