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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

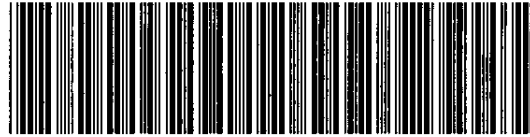
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -8 AM 11:30

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K. SALY  
EXAMINER  
DEC 10 2015

**John Jay Watkins  
Attorney at Law**

P.O. Box 250  
LaBelle, FL 33975  
863-675-4424  
Fax 863-675-4521

# Memo

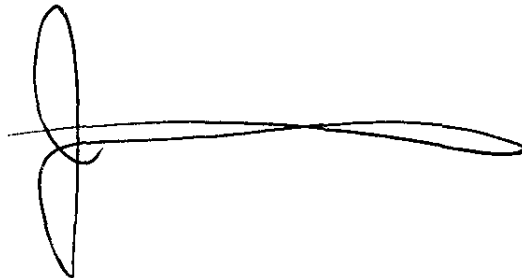
**To:** Division of Corporations

**Date:** December 7, 2015

**Re:** MORGAN-MARK TOO, INC.

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PLEASE RETURN THE CERTIFICATE OF STATUS & CERTIFIED  
COPY IN THE COLLECT FEDEX ENVELOPE ENCLOSED.

A handwritten signature in black ink, consisting of a large, stylized loop on the left and a long, horizontal stroke extending to the right.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MORGAN-MARK TOO, 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:

THERON A. ARNOLD

Name of Person

MORGAN-MARK TOO, INC.

Firm/Company

4021 W PALOMAR CIRCLE

Address

LABELLE, FL 33935

City/State and Zip code

THERON7049@YAHOO.COM

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

For further information concerning this matter, please call:

THERON A. ARNOLD

863

612-0060

Name of Person

at ( )

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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.*

MORGAN-MARK TOO, INC.

1. \_\_\_\_\_  
(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. \_\_\_\_\_ 3. \_\_\_\_\_  
INDIANA 30-0259318  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_ 5. \_\_\_\_\_  
JUNE 1, 2004  
(Date of incorporation) (Date of duration, if other than 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. \_\_\_\_\_  
4021 W PALOMAR CIRCLE, LABELLE, FL 33935  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)


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

Name: \_\_\_\_\_  
THERON A. ARNOLD

Office Address: \_\_\_\_\_  
4021 W PALOMAR CIRCLE  
LABELLE \_\_\_\_\_, Florida 33935  
(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.

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2015 DEC -8 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: THERON A. ARNOLD

Address: 4021 W PALOMAR CIRCLE, LABELLE, FL 33935

Vice Chairman: NONE

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

Director: NONE

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

Director: NONE

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

**B. OFFICERS**

President: THERON A. ARNOLD

Address: 4021 W PALOMAR CIRCLE, LABELLE, FL 33935

Vice President: NONE

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

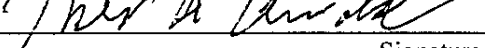
Secretary: THERON A. ARNOLD

Address: 4021 W PALOMAR CIRCLE, LABELLE, FL 33935

Treasurer: THERON A. ARNOLD

Address: 4021 W PALOMAR CIRCLE, LABELLE, FL 33935

**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 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 felony as provided for in s.817.155, F.S.

13. THERON A. ARNOLD, PRESIDENT/DIRECTOR

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

**FILED**  
2015 DEC -8 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**MORGAN-MARK TOO, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 01, 2004, and was in existence or authorized to transact business in the State of Indiana on December 07, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand  
and affixed the seal of the State of Indiana, at the  
city of Indianapolis, this Seventh Day of December, 2015.

*Connie Lawson*

Connie Lawson, Secretary of State

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