F)6000000529

| (Re | equestor's Name) | · |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | Idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporatio | ns | | | | |
|---|---|---|-----------|---------------------------------------|--|-------------|
| GUDI | M.N.T Properties | | | | | |
| 20B1 | ECT: | Name of corporation | on - mu | st include suffix | | |
| Dear S | Sir or Madam: | • | | | | |
| Dear S | on of Mauain. | | | | | |
| "Certin | nclosed "Application by I ficate of Existence," or " referenced foreign corpo | Certificate of Good St | anding' | ' and check are su | | , , |
| Please | return all correspondence | e concerning this mat | ter to th | e following: | | |
| Mark I | Mussario | | | | | |
| | · · · · · · · · · · · · · · · · · · · | Name o | of Perso | n | | |
| M.N.T | . Properties Inc. | | | | | |
| | | Firm/Co | mpany | | | |
| 17815 | SE89th Natchez Ave | | | | | |
| | | Ado | lress | · · · · · · · · · · · · · · · · · · · | | |
| The Vi | llages Florida, 32162 | | | | | |
| | | City/State | and Zi | p code | | |
| mussar | mj@gmail.com | | | | | |
| | E-ma | ail address: (to be used | for fu | ture annual report | notification) | |
| For fur | ther information concern | ing this matter, please | e call: | | | · . |
| Mark Mussario 847 | | 847 | Ŕ. | 12-3528 | | |
| | | at (|) | | | |
| | Name of Person | Area Co | ode | Daytime Telep | ohone Number | |
| | STREET/COURIER | ADDRESS: | | MAILING A | ADDRESS: | |
| Registration Section | | Registration Section | | | | |
| Division of Corporations Clifton Building | | Division of Corporations P.O. Box 6327 | | | | |
| 2661 Executive Center Circle | | Tallahassee, FL 32314 | | | | |
| | Tallahassee, FL 32301 | | | | | |
| Enclos | ed is a check for the follo | owing amount: | | | | |
| \$ \$70 | | 8.75 Filing Fee & ertificate of Status | | .75 Filing Fee & tified Copy | □ \$87.50 Filing Fer Certificate of Sta 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.

| | county) | name adopted for the purpose of transacting business in Flor 43-2050022 3. | nda) |
|---------------------------------|--|--|-------------|
| (State or country 23 April 2004 | y under the law of which it is incorporate | ed) (FEI number, if applicable) perpetual | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
| 17815 SE 89th N | atchez Ave. The Villages. Florida, 32 | 607.1502, F.S., to determine penalty liability) 2162 Principal office address) | |
| | (Current | mailing address, if different) | |
| | . 11 651 11 1 | (D.O. Day MOT appendable) | <u> </u> |
| Name and street | t address of Florida registered agent: | : (P.O. Box NOT acceptable) | لل |
| Name and street Name: | Mark Mussario | (P.O. Box NOT acceptable) | <u></u> |
| | | E. (P.O. Box NOT acceptable) | 3-4 PM |
| Name: | Mark Mussario | 32162 | 3-4 PM 2:3 |

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: _ Director: Address: _ Director: _ Address: _ **B. OFFICERS** Mark Mussario President: 17815 SE 89th Natchez Ave Address: The Villages Florida 32162 Theresa Mussario Vice President: _ 17815 SE 89th Natchez Ave Address: The Villages Florida 32162 Secretary: __ Address: ___ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. lack Mussania 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.

Mark Mussario Owner /President

File Number

6353-343-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

M.N.T. PROPERTIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 23, 2004, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST

day of

JANUARY

A.D.

2016

Authentication #: 1602100395 verifiable until 01/21/2017. Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE