# F16000002087

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
ens Willo	-26689			



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2016 HAY -3 PM 1: 56

Office Use Only

K. SALY EXAMINER

MAY - 6



PALLAHASSIF FLORIDA

April 21, 2016

REBINALD WARNER 1308 SW PARK AVE. LAWTON, OK 73501

SUBJECT: MESSORE, INC. Ref. Number: W16000026689

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 016A00008265

## **COVER LETTER**

TO:	Registration Section Division of Corporation				
CUDI	JECT:	ME	ESSO	RE, INC.	
SUB	ECT:	Name of corpor	ation	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"		Stan	ding" and check are sul	act Business in Florida," bmitted to register the
Please	return all correspond	ence concerning this n	natter	to the following:	
		REGIN	ALD	WARNER	
		Nam	e of l	Person	
		Firm 2700 W PI		•	
			Addre ASSEE	ss , FL 32304	
		•		nd Zip code mail.com	
	F	-mail address: (to be u	sed f	or future annual report	notification)
For fu	rther information con	cerning this matter, ple	ase c	all:	
· 1	REGINALD WARNER	305 at (		951-1103	
	Name of Person	Area	Code	Daytime Telep	hone Number
Enclos	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32 red is a check for the f	tions ter Circle 301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
<b>=</b> \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

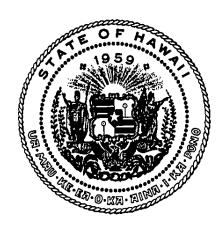
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavailable i	n Florida, enter alternate corporate name	adopted for the purpose of transacting by	usiness in Florida)
HAWAII		81-2044713	,
2. (State or country und	ler the law of which it is incorporated)	(FEI number, if applic	able)
12/08/2011		PERPETUAL	ŕ
	corporation)	(Date of duration, if other than	n perpetual)
6.			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 602, F.S., to determine penalty liability)	
7	2700 W PENSACOLA S	Γ, TALLAHASSEE, FL 32304	
	(Princip	al office address)	
	2700 W PENSACOLA S	T, TALLAHASSEE, FL 32304	<del>د</del>
	(Current mailin	ng address, if different)	P. 2
8. Name and <u>street add</u> Name:	dress of Florida registered agent: (P.C REGINALD WARNER 2700 W PENSACOLA ST	D. Box <u>NOT</u> acceptable)	W-3 PH I
Office Address:	TALLAHASSEE	32304 , Florida	ORIDA ORIDA
_	(City)	(Zip code)	(*
designated in this app further agree to comp	s acceptance: s registered agent and to accept serv. lication, I hereby accept the appoints ly with the provisions of all statutes i liar with and accept the obligations o	ment as registered agent and agree relative to the proper and complete	to act in this capacity.

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. Nan	THE REGINALD WARNER  ECTORS  REGINALD WARNER  2016 MAY - 3 PM 1: 5	
A. DIR	ECTORS 20/6 MAY	
Chairmar	REGINALD WARNER	_
	REGINALD WARNER  2700 W PENSACOLA ST, TALLAHASSEE, FL 32304  PM 1:5  ALLAHASSEE, FL 32304	5 
Vice Cha	rman:	
Director:	REGINALD WARNER	
Address:	2700 W PENSACOLA ST, TALLAHASSEE, FL 32304	
Director:		
Address:		
B. OFF President		
Address:	2700 W PENSACOLA ST, TALLAHASSEE, FL 32304	
Vice Pres	JACK HENRI dent:	
Address:	2700 W PENSACOLA ST, TALLAHASSEE, FL 32304	
Secretary		
NOTE:	If necessary, you may attach an add indum up the application listing additional officers and/or directors.	
12	Respublik	
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein not that he or she is aware that false information submitted in a document to the Department of State constitute gree felony as provided for in s.817.155, F.S.	l es
	REGINALD WARNER	
	(Typed or printed name and capacity of person signing application)	





#### Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

MESSORE, INC.

was incorporated under the laws of Hawaii on 12/08/2011; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: March 31, 2016

Catanit. Owal: Calm

Director of Commerce and Consumer Affairs