# P1600000 4443

(Requestor's Name)					
(Add	dress)				
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(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nan	ne)			
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### **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	ECT: MDJTC	OWING & TRANSP	ORT INC				
		Name	of corporation	- must include suffix			
Dear S	ir or Madam:						
"Certif	icate of Exister		e of Good Stan	ding" and check are su	act Business in Florida," bmitted to register the		
	return all corre JNDACK	spondence concern	ing this matter	to the following:			
		· · · · · · · · · · · · · · · · · · ·	Name of I	Person			
SUNDA	ACK CPA						
534 BR	OADHOLLOW	RD., STE 330	Firm/Com	pany			
MELV	ILLE, NY 11747	,	Addre	SS			
INFO@	SUNDACKCP/	A.COM	City/State ar	nd Zip code			
	<del></del>	E-mail addres	s: (to be used f	or future annual report	notification)		
For fur	ther informatio	n concerning this r	natter, please c	all:			
JON SUNDACK 631			499-9437				
	Name of Pers	son	Area Code	)e Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	0.00 Filing Fee	\$78.75 Filin Certificate	ig Fee & □	\$78.75 Filing Fee & Certified Copy	S87.50 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.

I. MDJ TOWING			
	orporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting b	ousiness in Florida)
2. NJ	3		
(State or count)	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 7/1/2013	5		
	of incorporation)	(Date of duration, if other than perpetual)	
,			
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		1
7,11112 BOSTON	DR, COOPER CITY, FL 33026		
	(Principa	l office address)	
	(Current mailing	address, if different)	
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	ਲੋਂ ਦੁ
Name:	MICHAEL SAROSI		80
			<b>一</b>
Office Address:	11112 BOSTON DR		
	COOPER CITY	, Florida 33026	PH 12: 3
	(City)	, Florida <u>33026</u> (Zip code)	2: 2
0 0 14 1			<b>6</b>
). Registered ag Havina heen nam	ent's acceptance: eed as registered agent and to accept servic	e of process for the above stated a	cornoration at the plac
designated in this	application, I hereby accept the appointme	ent as registered agent and agree	to act in this capacity.
	omply with the provisions of all statutes re- amiliar withpand accept the obligations of		performance of my
uuues, ana 1 am j	aminar windaya accept the obligations of	my position as registered agent.	
×	O WVI		
/-	(Registered ag	ent'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: MICHAEL SAROSI Address: 11112 BOSTON DR, COOPER CITY, FL 333026 Vice Chairman: Address: Address: **B. OFFICERS** President: MICHAEL SAROSI 11112 BOSTON DR, COOPER CITY, FL 333026 Address: Vice President: MICHAEL SAROSI Address: 11112 BOSTON DR. COOPER CITY, FL 333026 Secretary: MICHAEL SAROSI Address: 11112 BOSTON DR COOPER CITY, FL 333026 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 true and that he or she is aware that false information submitted in a document to the Department of State constitutes a mird degree felony as provided for in s.817.155, F.S.

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

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### MDJ TOWING & TRANSPORT INC.

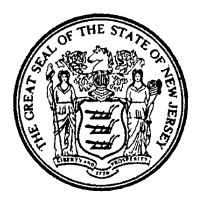
0400584532

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 01, 2013.

Said business was placed in a pending Reinstatement Process on July 21, 2016, and as of the date of this certificate, has not yet been reinstated, and its Annual Reports are current.

I further certify that the last registered agent and registered office of record were:

MICHAEL SAROSI 542 BERLIN CROSS KEYS RD. SUITE 3212 SICKLERVILLE, NJ 08081



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of September, 2016

Ford M. Scudder State Treasurer

Certificate Number: 6074548715

Verify this certificate online at

 $https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp$