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## **COVER LETTER**

COMPUTER REPAIR, INC

Registration Section Division of Corporations

TO:

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: $\frac{1}{1} \sum_{n} \frac{n}{n} \sum_{n} \frac{1}{n} \sum_$
Name of Person
1533 NW 91ST AVE, APA 732
CORAL SPRINSS, FL 33071
City/State and Zip code  JUANCMORA 1978 O LIVE. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 37/- 9767  Area Code Daytime Telephone Number
New Code Buytime receptione 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 & Certificate of Status & Certified Copy □ \$78.75 Filing Fee & Certified C

## 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.
1) COMPUTER REPAIR, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
MC COMPUTER REPAIR, INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MA 3. 27-1924287
(State or country under the law of which it is incorporated) (FFI number if applicable)
4. OZ-19-2010  (Date of incorporation)  (Date of duration, if other than perpetual)
(Date of incorporation) (Date of duration, if other than perpetual)
6. 03-20-17
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 311 BROADWAY, 2 AWRENCE, MA 01841 (Principal office address)
(Principal office address)
1533 NW 915T AVB JA73Z CONAL SPRINGS, FL 330 (Current mailing address, if different)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: JUAN. MOLA
Office Address: 13150 NW 7TH AUB
NORTH MIAMI, Florida 33/68 (Zip code)
(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. 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)
(Registered agent's signature)
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application is

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 $1M \times 4 = 0$
Chairman: DUAN C MORA
Address: 1533 NW 915T AVB, APA 732
CODA (SPRINGS, FL 33071
Vice Chairman: JUAN J. MORA ESTAVEZ
Address: 29 FU/TOW ST 1FLZ
LAWRENCE, MA 0/8 4/
Director:
Address:
Director:
Address:
B. OFFICERS
President: JUAW C MONA
Address: 1533 NW 915T AUS, APT 732
CORAL SPRINAT, FL 33071 30 2
Vice President: JUAN J. MORA ESTEUS Z
Address: 79 FUITOW ST
LAW NONCO, MA 0/84/
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer
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.
12 YUKKI CMONA

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



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: February 21, 2017

To Whom It May Concern:

I hereby certify that according to the records of this office,

J J COMPUTER REPAIR INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

Francis Galecin

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 17020352220

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: