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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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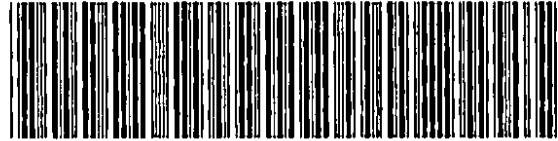
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 17 AM 7:05
RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moore Counseling & Mediation Services, 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:

Matthew L. Selker

Name of Person

Moore Counseling & Mediation Services, Inc.

Firm/Company

22639 Euclid Ave.

Address

Euclid OH 44117

City/State and Zip code

m.selker@moorecounseling.com

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

For further information concerning this matter, please call:

Matthew L. Selker at (216) 404-1900

Name of Person

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.*

1. Moore Counseling And Mediation Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- MCMS, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ohio 3. 75-2977597
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 19, 2000 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 22639 Euclid Ave. Euclid, Ohio 44117
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agents Inc
- Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607
(City) (Zip code)

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STATE OF FLORIDA
DEPARTMENT OF STATE

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.*

Bill Havre Registered Agents Inc
Bill Havre - Assistant Secretary

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dr. Martina Moore

Address: 22639 Euclid Ave. 1

Euclid, OH 44117

Vice President: Brian Moore

Address: 22639 Euclid Ave

Euclid OH 44117

Secretary: Dr. Martina Moore

Address: same as above

Treasurer: Brian Moore

Address: Same as above

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. President / Chief Executive Officer

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

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CLERK OF COURT
ALLAHABAD DISTRICT COURT
ALLAHABAD

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MOORE COUNSELING AND MEDIATION SERVICES, INC., an Ohio corporation, Charter No. 1188639, having its principal location in Euclid, County of Cuyahoga, was incorporated on October 19, 2000 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of July, A.D. 2017.

A handwritten signature in black ink that reads "Jon Husted". Above the signature is a small, dark, horizontal mark.

Ohio Secretary of State

Validation Number: 201719802936