F17000004210

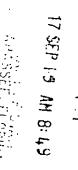
(Red	questor's Name)	<u>.</u>			
(Add	dress)				
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400303410404

08**49**09303**410404**





COVER LETTER

TO:						
	Division of Corporations	•				
SUR.	Mitnor Corporation, In VECT:	С.				
		ame of corporatio	n - must include suffix			
Dear 5	Sir or Madam:					
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good Sta	nding" and check are su			
Please Amy ¹	return all correspondence con Wallin	cerning this matte	er to the following:			
	· · · · · · · · · · · · · · · · · · ·	Name of	`Person	== 		
SERV	PRO of the Seacoast					
		Firm/Cor	nnany			
74 Inc	dustrial Park	1 11111/001	припу			
		Addı	ress			
Dove	r. NH 03820					
	· ·	City/State	and Zip code			
amy@	servprodrs.com					
	E-mail ad	dress: (to be used	for future annual report	notification)		
For fu	rther information concerning t	his matter inlease	call			
1 (77 10.	rater information concerning a	ms matter, prease	carr,			
Amy Wallin		603	743-4301			
	Name of Person	at (Area Coo	de Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo:	sed is a check for the following	gamount:				
□ \$ 7		Filing Fee & frate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status &		

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.

Mitnor Corpora	ation		
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION	
(If name unavails New Hampshii		02-0366725	
(State or countr 12/29/1982		(FEI number, if app	
4			
	(Date first transacted business in 1) (SEE SECTIONS 607.1501 & 607.150 rk, Dover, NH 03820 (Principa	Florida, if prior to registration) (2, F.S., to determine penalty liability I office address)	y)
	(Current mailing	address, if different)	17 SE
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Hunter Business Law	Box NOT acceptable)	P 19 AK
Office Address:	119 S. Dakota Avenue Tampa	33606	6.4.8
	(City)	, Florida (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. 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.

Sheyl Hunter
(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: Vice Chairman: Address: ___ Director: _ Address: Director: __ **B. OFFICERS** Timothy Robbins President: 74 Industrial Park Address: Dover, NH 03820 Vice President: Address: _____ Secretary: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. TURIN Signature of Director or Officer The officer or director signing this document (and who is fisted 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. **Timothy Robbins** 13. (Typed or printed name and capacity of person signing application)

State of New Hampshire Department of State

CERTIFICATE

I. William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MITNOR CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on December 29, 1982. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 59451



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Sectorial the State of New Hampshire, this 23rd day of August A.D. 2017.

William M. Gardner Secretary of State