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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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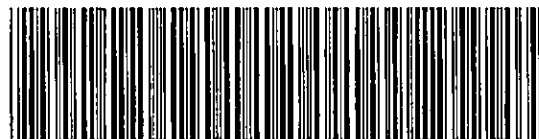
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M PIZZA 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:

MARGARET A. CLISE

Name of Person

M PIZZA INC

Firm/Company

1025 WINCHESTER AVENUE

Address

MARTINSBURG, WV 25401

City/State and Zip code

MPIZZAINC@YAHOO.COM

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

For further information concerning this matter, please call:

KRISTI M. GLASS, CPA

Name of Person

at (301) 733-5020

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. M PIZZA INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WEST VIRGINIA

(State or country under the law of which it is incorporated)

3. 55-0644364

(FEI number, if applicable)

4. 7/20/1984

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 11/1/2017

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1025 WINCHESTER AVENUE, MARTINSBURG, WV 25401

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARGARET A. CLISE

Office Address: 1302 AZALEA LANE

MAITLAND

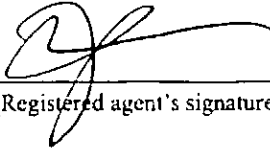
(City)

Florida 32751

(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.


(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: MICHAEL W CLISE

Address: 1025 WINCHESTER AVENUE

MARTINSBURG, WV 25401

Vice President: _____

Address: _____

Secretary: MARGARET A CLISE

Address: 1302 AZALEA LANE, MAITLAND, FL 32751

Treasurer: MARGARET A CLISE

Address: 1302 AZALEA LANE, MAITLAND, FL 32751

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. MARGARET A CLISE, SECRETARY/TREASURER

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

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that*

M PIZZA, INC.

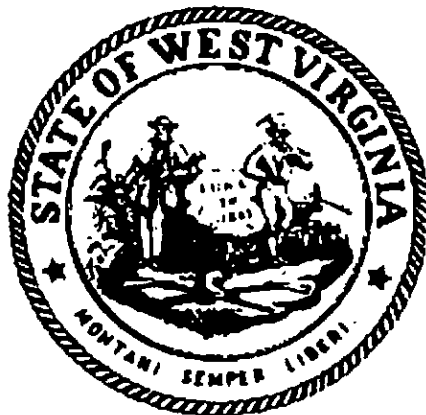
was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on July 20, 1984.

I further certify that the corporation has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

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*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
November 16, 2017*

Mac Warner

Secretary of State