

F1700003450

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6363

From: Account Name : LICENSES ETC INC  
Account Number : 120070009159  
Phone : (239) 777-1028  
Fax Number : (877) 275-3593

2017 DEC -4 AM 10:24

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ETC@LICENSESETC.COM

FOREIGN PROFIT/NONPROFIT CORPORATION  
MACSONS, INCORPORATED

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

2017 DEC -4 PM 12:24

MAILING SET COMPLETE

DEC 05 2017  
J. HARRIS

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MACSONS, INCORPORATED  
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:

LISA ADAMS

\_\_\_\_\_  
Name of Person  
LICENSES. ETC., INC.

\_\_\_\_\_  
Firm/Company  
886 110TH AVE. N., SUITE #6

\_\_\_\_\_  
Address  
NAPLES, FL 34108

\_\_\_\_\_  
City/State and Zip code  
SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS at ( 239 ) 777-8321  
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

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850-617-6381

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December 1, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LICENSES ETC INC

SUBJECT: MACSONS, INCORPORATED  
REF: W17000095389

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H17000313684  
Letter Number: 517A00024273

2017 DEC -4 AM 12:24  
FALL WASHFIELD FLORIDA

2017 DEC -4 AM 10:24  
FALL WASHFIELD FLORIDA

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

2. VIRGINIA 3. 54-1777870  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/01/1995 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 408 W. 25TH STREET, NORFOLK, VA 23517  
(Principal office address)

408 W. 25TH STREET, NORFOLK, VA 23517  
(Current mailing address, if different)


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

Name: LICENSES, ETC., INC.  
Office Address: 886 110TH AVE. N., SUITE #6  
NAPLES, Florida 34108  
(City) (Zip code)

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**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.

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: STEPHEN MCCLOUD

Address: 2509 PRINCE CHARLES DR.

CHESAPEAKE, VA 23517

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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. STEPHEN MCCLOUD, PRESIDENT

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

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# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

*I Certify the Following from the Records of the Commission:*

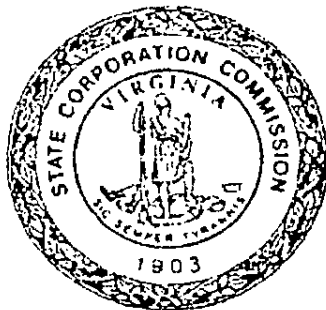
That MACSONS, INCORPORATED is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is September 1, 1995;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
November 30, 2017*

*Joel H. Peck*  
\_\_\_\_\_  
*Joel H. Peck, Clerk of the Commission*