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Special Instructions to F	Filing Officer:	





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J. HARRIS

COVER LETTER

TO: Registration Division o	on Section f Corporations				
SUBJECT:	Mornex Name o	of corporation	- must include	+^C suffix	<u>.</u>
Dear Sir or Madam	ı:				
"Certificate of Exis	plication by Foreign Co stence," or "Certificate oreign corporation to to	of Good Stan	ding" and chec		
Please return all co	orrespondence concerni	-		ığ:	
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Name of I		Area Cod	e Daytir	ne Telephone	Number
Registratio Division o Clifton Bu 2661 Exec	f Corporations	S:	Regis Divis P.O.	LING ADDF stration Section tion of Corpor Box 6327 hassee, FL 3.	on rations
Enclosed is a cheel	k for the following amo	ount:			
☐ \$70.00 Filing F	ce		\$78.75 Filing Certified Cop		\$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.

(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David Seckset (Circle Address: 132 14 Alhambra Lake Circle Quantum Beach, Florida 33.444) (City) (City) (Fining address) (Fining address) (Fining address)	•	ame adopted for the purpose of transacting business in Florida)
(Date of duration) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(State or country under the law of which it is incorporated	3. (FEI number if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 150 N Mcc Ouster Pkuy M+ User Ny 1053 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 150 N Mcc Ouchen Pkuy M Uern Wy 1053 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date i incorporation)	(Date of duration, if other than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 150 N Mcc Quester Pkuy Mt Uesa Wy 1053 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date first transacted busine	in the class of males as a selection of
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		ess in Piorida, ii prior to registration)
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Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	(SEE SECTIONS 607.1501 & 60	07.1502, F.S., to determine penalty liability)
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	(SEE SECTIONS 607.1501 & 60	07.1502, F.S., to determine penalty liability)
N.O.C.	(SEE SECTIONS 607.1501 & 60	07.1502, F.S., to determine penalty liability)
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N.O.C.	(SEE SECTIONS 607.1501 & 60	07.1502, F.S., to determine penalty liability) PKwy MH Uesna WY 1055 rincipal office address)
Name: Daid Seckser ice Address: 132 14 Alhanbra Lake Cirale	(SEE SECTIONS 607.1501 & 60 150 N Mcc Questra (Pr	07.1502, F.S., to determine penalty liability) Pkwy M+ Uesa WY 1055 rincipal office address) mailing address, if different)
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	(SEE SECTIONS 607.1501 & 60 150 N Mcc Questra (Pr (Current m) Name and street address of Florida registered agent:	07.1502, F.S., to determine penalty liability) Pky M+ Uesa WY 1055 rincipal office address) mailing address, if different) (P.O. Box NOT acceptable)

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: Ocuid Scekstr
Address: 18 Legendary Circle
Ryc Brook (NY 10573
Vice President: Scth Noland
Address: SI Teller Ro
Transull (+ 06611
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 felong as provided for in s.813,155, F.S.

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MORMAX COMPANY, INC. was filed on 01/21/1963, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of May two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State