

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Municipal Disaster Consultants, 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:

Susan Boynton-Frykholm, President

	Name of Person	
Municipal Disaster Consultants, Inc.		
	Firm/Company	
45 Exchange Boulevard., Suite 600		
	Address	
Rochester, NY 14614		
	City/State and Zip code	
ryan@municipaldisaster.com		
	E-mail address: (to be used for future annual report notification)	

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 14 PM 2:53

For further information concerning this matter, please call:

Susan Boynton-Frykholm	585	739-3239
	at ()	
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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

REGISTRATION SECTION, DIVISION OF CORPORATIONS
W18000076766
PO BOX 6327
TALAHASSEE FL 32314

CUST REF: MAIL

Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

REC'D
18 SEP -6
SECRETARY
TALAHASSEE

2018 SEP -4 PM 3:02

DEPARTMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2018

SUSAN BOYNTON-FRYKHOLM
MUNICIPAL DISASTER CONSULTANTS, INC.
45 EXCHANGE BOULEVARD, SUITE 600
ROCHESTER, NY 14614

SUBJECT: MUNICIPAL DISASTER CONSULTANTS, INC.
Ref. Number: W18000076766

We have received your document for MUNICIPAL DISASTER CONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 818A00017582

**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. Municipal Disaster Consultants, Inc.

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

MDC Inc.

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

2. New York State

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

3. 82-3563137

(FEI number, if applicable)

4. 12-01-2017

(Date of incorporation)

5. _____

(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. 45 Exchange Blvd., Suite 600 Rochester, NY 14614

(Principal office address)

n/a

(Current mailing address, if different)

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

Name: Nelson Santos

Office Address: 733 Dromedary Drive

Kissimmee, FL

(City)

, Florida 34759

(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.

Nelson Santos

(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.

FILED
CLERK OF STATE
JAN 11 2018
PM 2:33

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Susan Boynton-Frykholm

Address: 45 Exchange Blvd., Suite 600

Rochester, NY 14614

Vice President: Christopher Calabrese, Esq.

Address: 45 Exchange Blvd., Suite 600

Rochester, NY 14614

Secretary: W. Ryan Frykholm

Address: 45 Exchange Blvd., Suite 600

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. Susan Boynton-Frykholm, President

(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 MUNICIPAL DISASTER CONSULTANTS INC. was filed on 11/09/2017, with perpetual duration, 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.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 27th day of August two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*