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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2019 JAN 16 AM T: SU SECRETARY OF STATE LANASSEE, FLORID

FILED

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jn5,19

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 521129 825540

AUTHORIZATION :

COST LIMIT : \$ C/A DO

ORDER DATE: December 10, 2018

ORDER TIME : 1:16 PM

ORDER NO. : 521129-005

CUSTOMER NO: 8255400

FOREIGN FILINGS

NAME: MOTORMOUTH INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOTORMOUTH 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:	
Zachary Gitzen Lars Nys	
Name of Person	
Motor/ louth Inc.	
Firm/Company	
Address	
Succession 1 V 13215	
City/State and Zip code	
Zaltzen. lousiness@amail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Zachary Gitzen at (315) 506 - 9041 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee Certificate of Status ☐ \$78.75 Filing Fee & ☐ \$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.

	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)	
(State or coun		(FEI number, if applicable)	
11-13-2018	. ,	(
	e of incorporation) 5,	(Date of duration, if other than perpetual)	
1025 VINTNE	(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502 R BOULEVARD PALM BEACH GARDENS FL 334 (Principal of	, F.S., to determine penalty liability)	
_333	2 West Seneca Tu	mpike, Syracuse, NY	130
		건의 <u>원</u>	
lame and <u>stre</u> Name:	et address of Florida registered agent: (P.O. E Corporation Service Company	Box NOT acceptable)	- -
Name:	·	Box NOT acceptable)	-
	Corporation Service Company 1201 Hays Street Tallahassee	Box NOT acceptable) ALCO AND	-

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: Vice Chairman: Address: Director: Address: Address: **B. OFFICERS** President: Vice President: Address: Secretary: Address: SENECA TURN PIKE SYTHCUSE NY 13215 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Lachary Gitzen CTO, Secletary
(Typed or printed name and capacity of person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOTORMOUTH INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOTORMOUTH INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204089606

Date: 12-13-18

7145399 8300 SR# 20188126652