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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

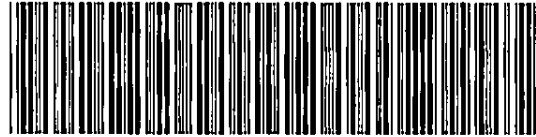
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/19--01017--031 **70.00

2019 JUN 14 PM 2:44

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Z BROWN

JUN 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations
MMP Appraisals Inc.

SUBJECT: _____
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:
Maria Polo

_____	Name of Person
MMP Appraisals Inc.	
_____	Firm/Company
17105 Bay Street	
_____	Address
Jupiter, FL 33477	
_____	City/State and Zip code
mmpappraisals@gmail.com	

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

For further information concerning this matter, please call:

Maria Polo	914	564-5841
_____	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:

☒ \$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.*

MMP Appraisals Inc

1. _____
(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)
New York 45-2927883

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
July 26, 2011

4. _____ 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)
17105 Bay Street, Jupiter, FL 33477

7. _____
(Principal office address)

(Current mailing address, if different)

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

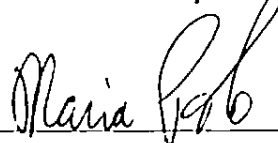
Maria Polo

Name: _____
17105 Bay Street

Office Address: _____
Jupiter 33477
_____, Florida _____
(City) (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.

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

A. DIRECTORS

Maria Polo

Chairman:

17105 Bay Street, Jupiter, FI 33477

Address:

Vice Chairman:

Address:

Maria Polo

Director:

17105 Bay Street, Jupiter, FI 33477

Address:

Director:

Address:

B. OFFICERS

Maria Polo

President:

17105 Bay Street, Jupiter, FI 33477

Address:

Vice President:

Address:

Maria Polo

Secretary:

17105 Bay Street, Jupiter, FI 33477

Address:

Maria Polo

Treasurer:

17105 Bay Street, Jupiter, FI 33477

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.

Maria Polo

13. _____

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

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CLERK OF THE COURT
JUPITER, FL

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MMP APPRAISALS INC. was filed on 07/26/2011, 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 15th day of May two
thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State