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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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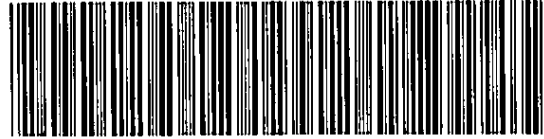
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2019 SEP 23 PM 2:10

FILED

OK
10-14-19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M-CLASS 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:

Shamari Feaster SHAMARI FEASTER
Name of Person

M-Class Incorporated M-CLASS INCORPORATED
Firm/Company

2003 SCENIC RD
Address

TALLAHASSEE FL 32303
City/State and Zip code

shamari@protonmail.com shamari@PROTONMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nana-Esi Essien at (850) 321-7327
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.*

1. M-CLASS INCORPORATED

(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)

2. OHIO

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

3. 82-4945636

(FEI number, if applicable)

4. 3/15/18

(Date of incorporation)

5. _____

(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. ~~2003 Scenic Rd Tallahassee, FL 32303~~ 4127 E. 11th St Cleveland, OH
(Principal office address) 44105

2003 ~~Scenic~~ Scenic Rd Tallahassee, FL 32303
2003 SCENIC (Current mailing address, if different)

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

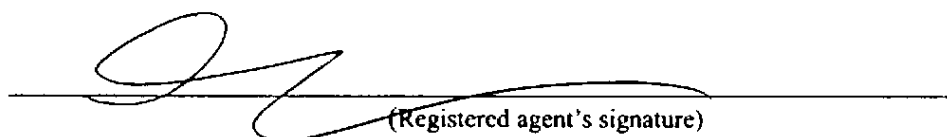
Name: Shamari Feaster

Office Address: 2003 Scenic Rd

Tallahassee, Florida 32303
(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.

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

A. DIRECTORS

Chairman: Shamari Feaster

Address: 2003 Scenic Rd Tallahassee, FL 32303

Vice Chairman:

Address:

Director: Nana-Esi Essien

Address: 2003 Scenic Rd Tallahassee, FL ~~323~~ 32303

Director:

Address:

B. OFFICERS

President: Shamari Feaster

Address: Same as above

Vice President:

Address:

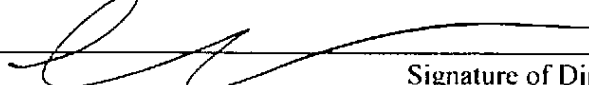
Secretary: Nana-Esi Essien

Address: Same as above

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. Shamari Feaster, President

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

FILED
2018 SEP 23 PM 2:10
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show M-CLASS INCORPORATED, an Ohio corporation, Charter No. 4144824, having its principal location in Cleveland, County of Cuyahoga, was incorporated on March 15, 2018 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of September, A.D. 2019.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201926201822