(Re	questor's Name)				
(Address)					
bA)	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	TIAW	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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September 26, 2019

TERRENCE MOONEY PO BOX 1005 NORTH CONWAY, NH 03860

SUBJECT: MOONEY BROTHERS, INC.

Ref. Number: W19000087265

We have received your document for MOONEY BROTHERS, 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):

The document must contain both the street address of the principal office and the mailing address of the entity.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 919A00019981

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mooney Brothers, Inc	
Name of corporation	- must include suffix
Dear Sir or Madam:	·
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter Terence Mooney	to the following:
Name of P	Parson Property of the Parson
Mooney Brothers, Inc	Person FLOT I
Firm/Comp	900 Bony Bony Bony Bony Bony Bony Bony Bony
30 Whitelaw Drive	> >
Addre	ss
Center Conway, New Hampshire 03813	
City/State an	nd Zip code
tmooney@interstatefire.com	
	or future annual report notification)
For further information concerning this matter, please ca	all:
Terence Mooney at (207	չ 582-0942
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 & S87.50 Filing Fee. Certified Copy 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.

I. Mooney Brothe		<u>.</u>			
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATI Torp," "Inc." "Co," of "Corp.")	:D," "	COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate na	me ado	opted for the purpose of transacting but	siness in Flo	ridu)
2. New Hampshire	£	3			
(State or country under the law of which it is incorporated)		(FEI number, if applica	(FEI number, if applicable)		
j – July 24, 1981		5.			
·	(Date of incorporation) (Date of duration, if other th		(Date of duration, if other than	perpetual)	2019
7 36 Whitelaw Driv			lorida, if prior to registration) C. F.S., to determine penalty liability)	HASSEE	2019 OCT 16
· · · · · · · · · · · · · · · · · · ·		incipal	office address)	77	DK
PO Box 1005 N	orth Conway, New Hampsnire 03860			S TA	<u>ن</u> (
· <u> </u>	(Current m	ailing	address, if different)	IDA ADA	0
8. Name and stre	eet address of Florida registered agent:	(P.O.	Box <u>NOT</u> acceptable)		
Name:	URS Agents, LLC				
Office Address:	3458 Lakeshore Drive				
	Tallahassee		Florida <u>32312</u>		
	(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 daties, 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: John Mooney Address: PO Box 1005 North Conway, New Hampshire 03860 Vice Chairman: Terence Mooney Address: PO Box 1005 North Conway, New Hampshire 03860 Director: Glenn Floyd Address: PO Box 1005 North Conway, New Hampshire 03860 Address: B. OFFICERS President: John Mooney Address: PO Box 1005 North Conway, New Hampshire 03860 Vice President: Terence Mooney Address: PO Box 1005 North Conway, New Hampshire 03860 Secretary: Terence Mooney Address: PO Box 1005 North Conway, New Hampshire 03860 Treasurer: Glenn Floyd Address: PO Box 1005 North Conway, New Hampshire 03860 addendum to the application listing additional officers and/or directors. NOTE: If nec 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. Terrence F. Mooney- Vice President

State of New Hampshire Department of State

CERTIFICATE

1. William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MOONEY BROTHERS, INC, is a New Hampshire Profit Corporation registered to transact business in New Hampshire on July 24, 1981. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 35719

Certificate Number: 0004553227

IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of July A.D. 2019.

William M. Gardner Secretary of State