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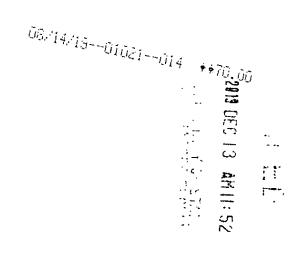
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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JAN 02 2020 M. SOLOMON

## **COVER LETTER**

TO: Registration Section				
Division of Corporations ONLINE MOVERS CORE	1			
SUBJECT:				
Nam	e of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign ( "Certificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Star	iding" and check are sub		
Please return all correspondence concer SUSANA BIJANI	ming this matte	to the following:		
	Name of	Person	· · · · · · · · · · · · · · · · · · ·	
11255 NW 77TH TERRACE	Firm/Con	pany		
MEDLEY, FL 33178	Addro	258		
ACCOUNTING@ONLINEMOVERS.MIA	City/State a	nd Zip code		
E-mail addre	ess: (to be used	for future annual report	notification)	
For further information concerning this	matter, please o	call:		
SUSANA BIJANI	305	632-0520		
Name of Person	at ( Area Cod	) e	ohone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration 9 Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a	nount:			
■ \$70.00 Filing Fee □ \$78.75 Fil Certificate	ing Fee & — C e of Status	\$78.75 Filing Fee & Certified Copy	S87.50 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. ONLINE MOVERS CORP 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) DELAWARE 84-2079-146 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 06/07/2019 (Date of duration, if other than perpetual) (Date of incorporation) 06/07/2019 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 18690 NE 22ND AVE NORTH MIAMI BEACH, FL 33180 (Principal office address) 11255 NW 77TH TERRACE MEDLEY, FL 33178 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SUSANA BIJANI Name: 11255 NW 77TH TERRACE Office Address: MEDLEY (Zip code) (City) 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

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.

duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Names and business addresses of officers and/or directors: A. DIRECTORS SUSANA BIJANI Chairman: 11255 NW 77TH TERRACE Address: MEDLEY, FL 33178 Vice Chairman: Address: \_\_\_\_\_ Address: Address: \_\_\_\_\_ B. OFFICERS President: Address: Vice President: Address: Secretary: Address: \_\_\_\_\_ Treasurer: 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. SUSANA BIJANI 13. \_\_\_\_

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

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONLINE MOVERS CORP." 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 TENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONLINE MOVERS

CORP." WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 2019.

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

Authentication: 204180731

Date: 12-10-19



August 20, 2019

SUSANA BIJANI 11255 NW 77TH TERRACE MEDLEY, FL 33178

SUBJECT: ONLINE MOVERS CORP

Ref. Number: W19000077135

We have received your document for ONLINE MOVERS CORP and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

RECEIVED

Letter Number: 619A00017158