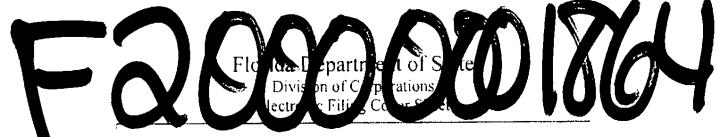
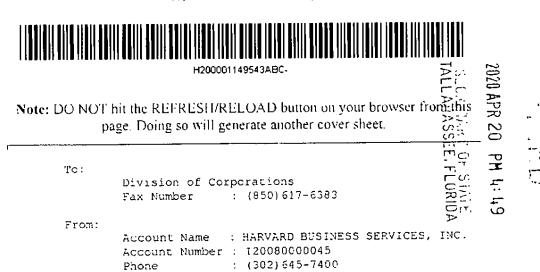
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001149543)))



: (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

email	Address:	nelson@movepro.net
1111111111	WWWT-C22.	

Fax Number

## FOREIGN PROFIT/NONPROFIT CORPORATION

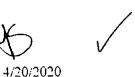
## MovePRO Company

Certificate of Status	1
Certified Copy	U
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

Help



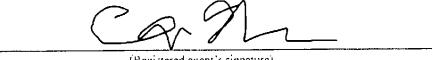
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. MovePRO Company (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) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability) 623 N Grandview Ave, Ste 201, Daytona Beach, FL 32118 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Christopher Nelson Name: 623 N Grandview Ave, Ste 201 Office Address: Daytona Beach

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.

(((H200001149543)))

A. DIRECTORS					
□Chairman	Name Christopher Nelson	II Chan man	Name.		
∃Vice Chairman	Address 623 N Grandview Ave, Ste 201	□Vice Chairman	Address.		
□Director	Daytona Beach, F1, 32118	□Director			
<b>DPresident</b>		□President			
∃Vice President		∃Vice President			
ElSecretary	Treasure	TISecretary	"Treasucer		
©CEO	Other	□Other	Other		
□Director □President	Name: Address:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	O PH L. 49  RIGHT STEERSTORY		
⊟Chairman	Name <sup>-</sup>	_lChairman	Name:		
□Vice Chairman	Address.	□Vice Chairman	Address:		
크Director		∃Director			
∟lPresident		.llPresident			
OVice President		IlVice President			
ElSecretary	Zl Treasmer	□ Secretary	☐Treasurer		
□Other		□Other	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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 fellowy as provided for in \$.817.155, F.S.  Christopher Nelson, CEO					

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

To: Page 6 of 6 .

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## The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOVEPRO COMPANY" 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 TWENTIETH DAY OF APRIL, A.D. 2020

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOVEPRO COMPANY" WAS INCORPORATED ON THE FIFTEENTH DAY OF APRIL, A.D. 2020 E

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

7936640 8300 SR# 20202966921 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202793160

Date: 04-20-20