(((H20000177303 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

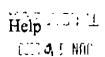
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FOREIGN PROFIT/NONPROFIT CORPORATION	)N
MTN MATCHMAKING, INC.	

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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MTN MATCHMAKING, INC.		
	corporation	- must include suffix
Dear Sir or Madam:		
	Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence concerning	this matter	to the following:
STEVEN WEISS		
	Name of I	Person
ALLSTATE CORPORATE SERVICES		
	Firm/Com	pany
2215 HENDRICKSON ST, SUITE 1		
	Addre	35
BROOKLYN, NY 11234		
	City/State ar	id Zip code
FILING@ACS123.COM		
E-mail address: (	to be used fo	or future annual report notification)
For further information concerning this mat	ter, please c	all:
SAL ABECASIS	800	906-9220
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP  \$70.00 Filing Fee \$78.75 Filing I Certificate of S	ARTMENT Fee & □	OF STATE  \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy  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.

_	able in Florida, enter alternate corporate name a	dopted for the purpose of transa	cting business in Florida)
NEW YORK	y under the law of which it is incorporated)	(FEI number, i	
JANUARY 02,	•	(FEI number, i	fapplicable)
	of incorporation) 5.	(Date of duration, if oth	
(Date	or mediporation)	(Date of duration, If oth	ier man perpemai)
20311 MONTEV	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.156) ERDI CIRCLE, BOCA RATON, FL 33498	02, F.S., to determine penalty lia	bility)
	(Principal offic	e street address)	
	(Current mailing	address, if different)	
	(Our con mannage	accept it proceeding	
Name and street	at address of Florida registered agent; (P.O.	Box <u>NOT</u> acceptable)	
	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc.	Box <u>NOT</u> acceptable)	14 CO
Name;		Box <u>NOT</u> acceptable)	
Name;	Registered Agent Solutions, Inc.		
	Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A	Box NOT acceptable) , Florida 32301 (Zip code)	
Name; fice Address:	Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)		
Name; fice Address: Registered ag ving been nam	Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee	, Florida 32301 (Zip code) e of process for the above sta	ted corporation at the p

<sup>10.</sup> 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.

#### (((H20000177303 3)))

#### A. DIRECTORS MAUREEN T. NELSON □ Chairman Name: □ Chairman Name: \_\_\_\_\_ 97 AZALEA ROAD □Vice Chairman Address: ☐Vice Chairman Addresa: LEVITTOWN, NY 11756 □ Director ☐ Director #President ☐ President ☐Vice President \_ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer ☐Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □Director □Director □ President ☐President □Vice President \_ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_ □Other \_\_\_\_ □Other\_\_\_\_ Other \_\_\_\_ Chairman Name: \_\_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ OVice Chairman Address: □Vice Chairman Address: Director Director ☐ President ☐Presiden: □Vico President \_\_\_ □Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer ☐ Other \_\_\_\_\_ Other\_\_\_\_ DOther \_\_\_\_\_ 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 felony as provided for in s.817.155, P.S.

MAUREEN T. NELSON, PRESIDENT

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MTN MATCHMAKING, INC. was filed on 01/02/2018, 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.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



**\***\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of June two thousand and twenty.

Bruten C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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