

F200000003737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

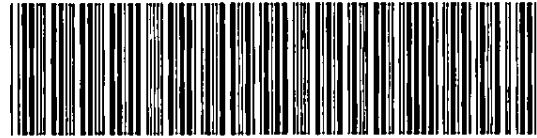
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2020

MATTHEW HOGAN  
102 S. LAKEWOOD AVE.  
OCOOEE, FL 34761

SUBJECT: M3D, INC.  
Ref. Number: W20000089318

We have received your document for M3D, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE APPLICATION,

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.

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: 420A00015371

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M3D, INC.  
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:

Matthew Hogan  
Name of Person  
M3D, INC.  
Firm/Company  
102 S. LAKEWOOD AVE  
Address  
DOEE, FL 34761  
City/State and Zip code  
matthew@m3dvr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Hogan at (321) 230-7363  
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 DEPARTMENT OF STATE**

☒ \$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. M3D, INC.  
(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. DELAWARE 3. 61-1954729  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/14/20 5. \_\_\_\_\_  
(Date of incorporation) (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. 102 S. LAKEWOOD AVE, OLOEE, FL 34761  
(Principal office street address)

(Current mailing address, if different)

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

Name: Matthew Hogan

Office Address: 102 S. LAKEWOOD AVE.  
OLOEE, Florida 34761  
(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.*

Matthew J. Hogan

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

# A. DIRECTORS

☒ Chairman Name: MATTHEW J. HOGAN ☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: 1025 LAKEWOOD AVE ☐ Vice Chairman Address: \_\_\_\_\_

☐ Director DOEE FL 34761 ☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_ ☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_ ☐ Vice President \_\_\_\_\_

☐ Secretary ☒ Treasurer ☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: MICHAEL J. HOGAN ☐ Chairman Name: \_\_\_\_\_

☒ Vice Chairman Address: 2 FIRST COURT ☐ Vice Chairman Address: \_\_\_\_\_

☐ Director WINDERMERE FL 34786 ☐ 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 \_\_\_\_\_

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

**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.

12. MATTHEW J. HOGAN \_\_\_\_\_  
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. MATTHEW J. HOGAN \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

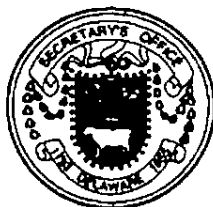
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M3D, INC." 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 NINETEENTH DAY OF AUGUST, A.D. 2020.

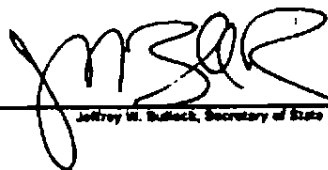
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SR# 20206834392

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203502231

Date: 08-19-20