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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

FO: Registration Section Division of Corporations			
SUBJECT: CLONE RENTAL, INC.			
Nar Nar	ne of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign 'Certificate of Existence," or "Certification to referenced foreign corporation to	ate of Good Standi	ng" and check are submit	
Please return all correspondence conc	erning this matter to	the following:	
JUDY SIMOES			
	Name of Pe	rson	
CLONE RENTAL, INC			
·	Firm/Compa	iny	
40 DEAN STREET			- •
	Address		700 100 - 1
TAUNTON MA 02780			- :
	City/State and	Zip code	2
CLONETRANSPORTATION@GMAIL.			
E-mail add	ress: (to be used for	future annual report noti	fication)
For further information concerning this	is matter, please call	:	<u></u>
JUDY SIMOES	at (922 - 3047 Daytime Telephor	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following: Please make check payable to: FLORIDA S70.00 Filing Fee Certification	A DEPARTMENT Of String Fee &		■ \$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.

L CLO	NE RENTAL, INC.			
	r name of corporation; must include "INCC" "Co.," "Corp," "Inc," "Co," or "Corp.")	ORPORATED," "C	OMPANY," "CORPORATION,"	
CLO	NE RENTALS, INC.			
(If na	me unavailable in Florida, enter alternate e	orporate name adop	ted for the purpose of transacting by	usiness in Florida)
	SACHUSETTS		1284834	
(Sta	te or country under the law of which it is in	corporated)	(FEI number, if applic	able)
4. 06-0.	3-2020	5		
-,	(Date of incorporation)		(Date of duration, if other than	perpetual)
6.				
	(Date first transa	eted business in Flo	rida, if prior to registration)	
	(366 366 110113 007	.1501 & 007.1502.	1.5., to determine penanty nationty)	
7	W IRLO BRONSON MEMORIAL HWY,			
		(Principal office st	reet address)	
40 DE	EAN STREET, TAUNTON MA 02780			
	-	(Current mailing ad	dress, if different)	
				?:
8. Nam	e and <u>street address</u> of Florida registere	ed agent: (P.O. Bo	ox NOT acceptable)	
	Name: JUDY SIMOES			,
	- ·	ADMODIAL HING	-	_
Office A	Address: 7814 W IRLO BRONSON N	TENIORIAL FIW I	_	
	KISSIMMEE		, Florida 34747	₩ 5
	(City)		(Zip code)	-3

9. Registered agent's acceptance:

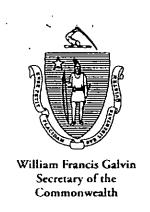
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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.

A. DIRECTORS				
□Chairman	JUDY SIMOES Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	TAUNTON MA 02780	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:	 :
□Vice Chairman	Address:	□Vice Chairman	Address:	r () C)
□Director		Director		<u></u>
□President		President		£
□ Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director Signature of Director signing this document (and who is listed in number	ent of State Annual Re	eport form.	····

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.



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

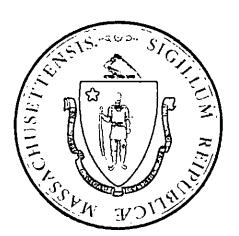
Date: November 16, 2020

To Whom It May Concern:

I hereby certify that according to the records of this office,

CLONE RENTAL, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so gar as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Certificate Number: 20110754970

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: mso