# F2100000 1500

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, , ,		
(Decument Number)		
(Address)  (Address)  (City/State/Zip/Phone #)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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#### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Musara Corp.			
	Name of	corporation	- must include suffix	
Dear Sir or M	adam:			. 1
"Certificate of		Good Stand	Authorization to Transact Business in Flori ling" and check are submitted to register t s in Florida.	
Please return a	all correspondence concerning	this matter	to the following:	
Abel Mucius				:-
		Name of P	erson	
Musara Corp.				
		Firm/Comp	pany	
14 Sunny Drive	e			
		Addres	5S	
Bellport, NY 1	1713			1
	(	City/State an	d Zip code	<del></del>
mucius@opton	line.net	-	·	
	E-mail address: (	to be used fo	or future annual report notification)	
For further int	ormation concerning this matt	ter, please ca	ill:	\ :
Abel Mucius	at	<sup>516</sup>	784-1214	V
Name	e of Person	Area Code	Daytime Telephone Number	
Regist Divisi The C 2415 I	CET/COURIER ADDRESS: tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amour eck payable to: FLORIDA DEP ng Fee	ARTMENT (Fee &	OF STATE \$78.75 Filing Fee &  Certified Copy Certified Co Certified Co	f Status &

### 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.

Musara Corp.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	rida)
New York State	3.	85-1332265	
	y under the law of which it is incorporated)	(FEI number, if applicable)	-
06/09/2020	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	•
N/A			
·		n Florida. if prior to registration) 502. F.S., to determine penalty liability)	-
14 Sunny Drive,	Bellport, NY 11713		
· <del></del>		ice street address)	
			1
	(Current mailin	ng address, if different)	
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	-1
Name:	Abel Mucius		Ĭ
Office Address:	13030 Tampa Oaks Blvd.		1.
	Temple Terrace	. Florida	• 1
	(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.

(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.

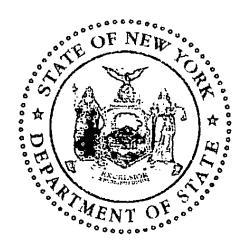
#### A. DIRECTORS Abel Mucius □ Chairman □ Chairman Name: \_\_\_\_\_ 14 Sunny Side Drive Address: \_ □Vice Chairman □ Vice Chairman Address: \_\_\_\_\_\_ Bellport, NY 11713 □Director □ Director President □ President □Vice President □ Vice President $\square$ Treasurer □ Treasurer ☐ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Kaleb Anthony Mucius Name: \_\_\_\_\_ ☐ Chairman □Chairman 14 Sunny Side Drive Address: ☐ Vice Chairman ☐ Vice Chairman Address: \_\_\_\_\_ Bellport, NY 11713 Director □ Director □President □President □Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer Other\_\_\_\_ □Other \_\_\_\_ Other\_ □ Chairman □Chairman □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □Director □ Director □President □President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ ☐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. Abel Mucius 12. 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.

, Abel Mucius, President

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MUSARA CORP. was filed on 06/09/2020, 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.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 16th day of February two thousand and twenty-one.

Breden C Higher

Brendan C Hughes
Executive Deputy Secretary of State