Fa1000002416

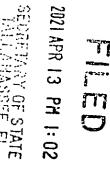
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
	usiness Entity Nan	ne)
(0)	usiness Chilly Ivan	ne)
		
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	}
	•	

Office Use Only



000363525650

04/13/21--01035--013 **78.75





COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT: MORGEN INDU	STRIES, INC.			
SOBJECT:	Name of corporatio	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by lacetificate of Existence," or "above referenced foreign corporations."	Certificate of Good Sta	nding" and check are sub		
Please return all correspondenc	e concerning this matte	r to the following:		
Anthony Morales				
	Name of	Person		
MyUSACorporation.com				
	Firm/Cor	npany	-	
l Radisson Plaza, Suite 800				
	Addı	ess		
New Rochelle, New York, 10801				
	City/State :	and Zip code		
info@myusacorporation.com				
E-m	ail address; (to be used	for future annual report r	notification)	
For further information concern	ning this matter, please	call:		
Anthony Morales	at (le Daytime Telepl		
Name of Person	Area Coo	le Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
_	ORIDA DEPARTMEN	F OF STATE ■ \$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.

		opted for the purpose of transact	ting business in Florida)
New York	3	(pressure in	
10414646			
(Dat	5 5	(Date of duration, if other	er than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ve., Suite 920, Miami, FL 33131, USA	lorida, if prior to registration) 2, F.S., to determine penalty liab	ility)
	(Principal office	street address)	
	(Current mailing	address, if different)	
		Box NOT acceptable)	
Name and stre	et address of Florida registered agent: (P.O.	box ito i acceptable)	2 (
Name and stre Name:	et address of Florida registered agent: (P.O. Stuart Morgen		2021 A SECHI
Name:	Stuart Morgen		2021 APR 1: SECRETA:
Name:	Stuart Morgen 1221 Brickell Ave., Suite 920		2021 APR 13 PP SECRETARY OF TALL/HASSE
	Stuart Morgen 1221 Brickell Ave., Suite 920	, Florida(Zip code)	FILED 2021 APR 13 PH 1: SECRETARY OF STA
Name: fice Address: Registered ag	Stuart Morgen 1221 Brickell Ave., Suite 920 Miami (City) ent's acceptance:	, Florida 33131(Zip code)	PH 1:02
Name: fice Address: Registered agwing been nan signated in thi	Stuart Morgen 1221 Brickell Ave., Suite 920 Mianni (City)	, Florida 33131 , Florida (Zip code) (Zip code) of process for the above stat at as registered agent and ag	Ted corporation at the playere to act in this capacit

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

under the law of which it is incorporated.

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

A. DIRECTORS Stuart Morgen □ Chairman Name: Chairman Name: 1221 Brickell Ave., Suite 920 Address: ☐ Vice Chairman □ Vice Chairman Address: Miami, FL 33131, USA **■**Director □ Director ■President □President ■ Vice President □ Vice President ■ Secretary Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other ______ □Chairman □Chairman Name: Name: □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □ President □Vice President □Vice President _____ ☐Treasurer ☐ Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ □Other ______ □Other ______ Name: □ Chairman □ Chairman □Vice Chairman Address: ____ □ Vice Chairman Address: □ Director □Director □ President □President ☐ Vice President □Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □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 felony as provided for in s.817.155, F.S.

Stuart Morgen, President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MORGEN INDUSTRIES, INC. was filed on 10/16/2000, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of April two thousand and twenty-one.

Brendan C. Hughes
Executive Deputy Secretary of State

Braden C Hylan

202104080444 · KU