F210000004581

(0)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(, , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Codified Copies
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100371556511

08/11/21--01017--006 **70,00

2021 AUS 11 PM 4: 13

2021 AUG 11 PM 1: 3

RECEIVED

ac 10 303.

. '.e'⋅

COVER LETTER

	gistration Section vision of Corporations			
SHRJFC"	Γ: MTI Commerce, Inc.			
		of corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign C of Existence," or "Certificate enced foreign corporation to t	e of Good Stan	ding" and check are sub	et Business in Florida." mitted to register the
Please retui Mark Manes	m all correspondence concern	ing this matter	to the following:	
		Name of I	Person	
MTI Comm	erce. Inc.			
		Firm/Com	pany	
4549 Bluche	erry Woods Circle North			
		Addre	SS	-
Jacksonville	. F1. 32258			
		City/State ar	ad Zip code	
Markm(a)mt	icommerce.com			
	E-mail addres	s: (to be used for	or future annual report n	otification)
For further	information concerning this n	natter, please co	all:	
Mark Manes	h	301 at (785-8785	
Na	me of Person		Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
	a check for the following amoreheck payable to: FLORIDA Dilling Fee	EPARTMENT ig Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of 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.

L	, luc.				
(Enter name of c "Inc" "Co" "C	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION			
(II'name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)		
Delaware 2.	3				
(State or countr	y under the law of which it is incorporated) $\frac{3}{10/2014}$ 5.	(FEI number, it applicable) (Date of duration, if other than perpetual)			
(Date	of incorporation)	(Date of duration, if other the	nan perpetual)		
September 1, 20	21				
7. 12724 Gran Bay l	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 Parkway, Jacksonville, F1, 32258		y)		
	(Principal office	street address)			
4549 Blueberry V	Voods Circle N. Jacksonville, FL 32258				
	(Current mailing	address, if different)			
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Mark Manesh	Box <u>NOT</u> acceptable)	2021 AUS 1		
Office Address:	4549 Blueberry Woods Cir N				
	Jacksonville	Florida 32258	-		
	(City)	(Zip code)	. 1		

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.

13	IR	1.	1	1	11.	

■ Chairman 1	Name: Mark Manesh	□ Chairman	Name:	
□ Vice Chairman	Address: 4549 Blueberry Woods Circle N	□Vice Chairman		
□Director	Jacksonville, FL 32258	□Director		
□President		□President		
□Vice President		□Vice President		
ElSecretary	□Treasurer	☐ Secretary		☐ Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	⊟Vice Chairman		
Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other		□Other		□Other
□Chairman	Name:	□Chairman	Name:	
∐Vice Chairman	Address:			
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□ Secretary		☐Treasurer
□Other		□Other		□Other
individuals may be	Jse an attachment to report more than six (6). The at added to the index when filing your Florida Demittree of Director	nent of State Annual Rep	port form.	
The officer or directshe is aware that fa k.817.155, F.S.	tor signing this document (and who is listed in numl lse information submitted in a document to the Depa	per 11 above) affirms tha riment of State constitut	at the facts state ies a third degre	d herein are true and that he or
	MARK MANES (Typed or printed name and capacity of per	1+		
	(Typed or printed name and capacity of per	son signing application)		-

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MTI COMMERCE 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 ELEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MTI COMMERCE INC." WAS INCORPORATED ON THE TENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at corn delaware env/aut

Authentication: 203896945

Date: 08-11-21

5514896 8300 SR# 20212949872