# F2100005302

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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Momenta Resourcing Inc.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	inding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Gerald F. Meek	
Name o	f Person
Jerry Meek PLLC	
Firm/Co	mpany
107 Sardis Grove Ln	
Add	ress
Matthews, NC 28105-2602	
City/State	and Zip code
jerry@bouwen.us	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Gerald F Meek 843	277-0073
Name of Person Area Co	de 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 DEPARTMEN  \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certified Copy 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.

			dopted for the purpose of transacting business in Florida	)	
2. New York		3.	83-1836007 (FEI number, if applicable)		
4. August 3, 2018		5.	(Date of duration, if other than perpetual)		
•			(Date of duration, if other than perpetual)		
6. September 1, 20	021				
, 1001 Avenue of t		.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
/·	(Principal o	ffic	c <u>street</u> address)	_	
	(Current mai	ling	address, if different)	- · ·	
8. Name and stree	et address of Florida registered agent: (F	.O.	Box NOT acceptable)		
Name: Business Filings Incorporated				1:	
Office Address:	1200 South Pine Island Road		<del></del>	יי ר , - נ י ג	
	Plantation		, Florida	30	
	(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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti and I am familiar with and accept the obligations of my position as registered agent.

Burro Sutter asst. Sucretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application t 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.

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

□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	25 Old Broad Street	□Vice Chairman		
■ Director	Tower 42	□Director		
■ President	London, England EC2N 1HQ	□President		
□Vice President	United Kingdom	□Vice President		
□ S <b>e</b> cretary	□Treasurer	Secretary		□Treasurer
Other	□Other	□Other		□Other
□ Chairman	Richard Stevens	□Chairman	Name:	
□Vice Chairman	Address: 25 Old Broad Street	□Vice Chairman		_
Director	Tower 42	Director		_
□President	London, England EC2N 1HQ	□President		
□Vice President	United Kingdom	□Vice President		
■ Secretary	□Treasurer	□Secretary		□Treasurer-,
□Other	Other	□Other		□Other :: S
	Name: Gerald F Meek  Name: 107 Sardis Grove Ln  Address:	□Chairman		- 10년
□ Director	Matthews, NC 28105-2602	☐ Vice Chairman ☐ Director	Address:	20 C
□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 added to the index when filing your Florida Depa	artment of State Annual Re	port form.	

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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155, F.S.

13. Gerald F. Meek, Treasurer

### STATE OF NEW YORK

### DEPARTMENT OF STATE

### Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law 1 my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and certificate, the following entity information is reflected:

Entity Name: MOMENTA RESOURCING INC.

**DOS ID Number:** 5387247

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 08/03/2018

Statement Status: CURRENT Statement Due Date: 08/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Departmer at the City of Albany, on August 23, 2021 at 10:28 A

ROSSANA ROSADO, Secretary of State

Brandon C Heyles

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000265578 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>