# FOLOCOSTI I

|                      | (Requestor's Name)       |        |
|----------------------|--------------------------|--------|
|                      | (Address)                |        |
|                      |                          |        |
|                      | (Address)                |        |
|                      | (City/State/Zip/Phone #) |        |
| PICK-UF              | P WAIT                   | MAIL   |
|                      | (Business Entity Name)   |        |
|                      |                          |        |
|                      | (Document Number)        |        |
| Certified Copies     | Certificates of S        | Status |
| Special Instructions | to Filing Officer:       |        |
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Was

# **COVER LETTER**

| то:            | Registration Section Division of Corporations                                                                              |                |                                        |                                                              |
|----------------|----------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------|--------------------------------------------------------------|
| SUBJI          | ECT: MHRD                                                                                                                  | Group-         | INC                                    |                                                              |
| .,0201         | Name of cor                                                                                                                | poration - mu  | st include suffix                      |                                                              |
| Dear Si        | r or Madam:                                                                                                                |                |                                        |                                                              |
| "Certifi       | closed "Application by Foreign Corporalicate of Existence," or "Certificate of Goreferenced foreign corporation to transac | ood Standing"  | and check are submi                    | Business in Florida," tted to register the                   |
| Please 1       | return all correspondence concerning thi                                                                                   | s matter to th | e following:                           |                                                              |
|                | Marc Sevel                                                                                                                 | ovitz          |                                        |                                                              |
|                |                                                                                                                            | lame of Perso  | n                                      |                                                              |
|                | MHRD Grou                                                                                                                  | LP IN          | <u></u>                                |                                                              |
|                |                                                                                                                            | rm/Company     |                                        |                                                              |
|                | 7272 In                                                                                                                    | perial         | Broch Cir                              | icle.                                                        |
|                | <b>.</b>                                                                                                                   | Address        |                                        |                                                              |
|                | Velray Be                                                                                                                  | ach            | FL 3344                                | 6                                                            |
|                |                                                                                                                            |                |                                        |                                                              |
|                | Marco 1  Family address: In the                                                                                            | nyhed .        | biz<br>ure annual report not           | fication)                                                    |
|                | ·                                                                                                                          |                | ······································ | ,                                                            |
| For furt       | ther information concerning this matter.                                                                                   | please call:   |                                        |                                                              |
| <b>M</b> -     | rc Sevelovitz al                                                                                                           | ail .          | 629 - 7841                             |                                                              |
| <u> </u>       |                                                                                                                            | rea Code       | Daytime Telephor                       | ne Number                                                    |
|                |                                                                                                                            |                |                                        |                                                              |
|                | STREET/COURIER ADDRESS:                                                                                                    |                | MAILING ADI                            |                                                              |
|                | Registration Section                                                                                                       |                | Registration Sect<br>Division of Corp  |                                                              |
|                | Division of Corporations  The Centre of Tallahassee  Division of Corporations  P.O. Box 6327                               |                | orations                               |                                                              |
|                | 2415 N. Monroe Street, Suite 810                                                                                           |                | Tallahassee, FL                        | 32314                                                        |
|                | Tallahassee, FL 32303                                                                                                      |                | ·                                      |                                                              |
| Please n       | ed is a check for the following amount: nake check payable to: FLORIDA DEPAR'                                              |                |                                        | T. 607.60 P.V F                                              |
| <b>⊠</b> \$70. | 00 Filing Fee S78.75 Filing Fee Certificate of Stat                                                                        |                | .75 Filing Fee &!<br>tified Copy       | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |



September 15, 2021

MARC SEVELOVITZ 7272 IMPERIAL BEACH CIR DELRAY BEACH, FL 33446

SUBJECT: MHRD GROUP INC Ref. Number: W21000124956

We have received your document for MHRD GROUP INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 721A00022307

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## 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. 1. MHRD Croup TUC

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 20 -2104459

(FEI number, if applicable) September 1 2021
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7272 Imperial Brach Circle DelRay Brach FL 33446
(Principal office street address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 7272 Imperial Reach Circle

DelRay Beach Florida 33446
(City) (Zip code) Office Address: 9. Registered agent's acceptance: Having been named as registered agent und 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)

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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                                 |                                                                                                                                                                                                   |                              |             |                                  |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|----------------------------------|
| ☐ Chairman                                     | Name: MARC Sevebritz                                                                                                                                                                              |                              |             |                                  |
| □Vice Chairman                                 | Address: Detay Brack Florick                                                                                                                                                                      | □Vice Chairman               | Address:    |                                  |
| □Director                                      |                                                                                                                                                                                                   | □Director                    |             |                                  |
| President                                      |                                                                                                                                                                                                   | □President                   |             |                                  |
| -<br>□Vice President                           |                                                                                                                                                                                                   | □Vice President              |             |                                  |
| ☐ Secretary                                    | □ Treasurer                                                                                                                                                                                       | □ Secretary                  |             | □Treasurer                       |
| Other                                          | Other                                                                                                                                                                                             | Other                        |             | Other                            |
| □ Chairman                                     | Name: Andrea Seveloritz                                                                                                                                                                           | □Chainnan                    | Name:       |                                  |
| □Vice Chairman                                 | 7272 Inceral Beach Circle<br>Address: De Iray Beach FL 33446                                                                                                                                      | □Vice Chairman               | Address:    |                                  |
| □Director                                      |                                                                                                                                                                                                   | □Director                    | <del></del> |                                  |
| □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                            |
| individuals may be  12.  The officer or direct | Jsc an attachment to report more than six (6). The attach added to the intert when pling your Florida Department Signature of Director or stor signing this document (and who is listed in number | Officer  1 above) affirms th | port form.  | d herein are true and that he or |
| s.817.155, F.S.                                | Ise information submitted in a document to the Departm  MARC Seve witz                                                                                                                            |                              |             | e felony as provided for in      |
| 13                                             | (Typed or printed name and capacity of person                                                                                                                                                     | signing application          | )           |                                  |

### 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 to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MHRD GROUP, INC.

**DOS ID Number:** 3144833

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/03/2005

Statement Status: CURRENT Statement Due Date: 01/31/2023

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 Department of State, at the City of Albany, on October 01, 2021 at 12:38 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C Hughen

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100000436396 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>