F21000007167

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

Office Use Only



200376734212

11/18/21--01007--016 **87.50

SECON ANASSES IME

COVER LETTER

ΓO: Registration Section Division of Corporations				
SUBJECT: MCV Associates, Inc.				
Name	of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Co 'Certificate of Existence," or "Certificate above referenced foreign corporation to t	of Good Standi	ng" and check are subm		
Please return all correspondence concern	ing this matter to	the following:		
Michael L. Tugwell				
	Name of Pe	erson		
MCV Associates, Inc.				
	Firm/Compa	any		
202 E 7th Avenue				
	Address	·		
Tampa, Florida 33602				
	City/State and	l Zip code		
mtugwell@mcvainc.com				
E-mail addres	s: (to be used for	future annual report no	otification)	
For further information concerning this n	natter, please cal	1:		
Michael I., Tugwell	727) 272-9997 Daytime Telephone Number		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Cot P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following am Please make check payable to: FLORIDA D \$70.00 Filing Fee \$78.75 Filit Certificate	EPARTMENT Cong Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 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. MCV Associates	s. Inc.			
,	orporation; must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transaction	ng business in Florida)	
Virginia	3	54-1553636		
5-21-1990	y under the law of which it is incorporated)	(FEI number, if a		
(Date	(Date of incorporation) (Date of duration, if other the			
202 F. 7th Avenue	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)	
,	Principal off	ico <u>street</u> address)		
	(Current maili	ng address, if different)	2021 SEC	
3. Name and <u>stree</u>	at address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2021 NOV 18 SEGLEAHA	
Name:	Michael L. Tugwell		VOV 18 PH	
Office Address:	202 E 7 Avenue			
	Tampa	, Florida		
	(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.

The line F. Try (C)
(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	•					
□Chairman	Name:	□Chairman	Name:	-		
□Vice Chairman	Address: 4605-C Pinecrest Office Park Dr.	□Vice Chairman	Address:			
□Director	Alexandria, VA 22312	□Director		<u>.</u>		
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman	Name: Michael L. Tugwell	□Chairman	Name:			
□Vice Chairman	Address: 202 East 7 Ave., Tampa, FI 33602	□Vice Chairman	Address:			
□Director	<u>. </u>	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
Other Principal.	Traffic Engineer	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President		200 <u></u>		
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other	<u></u>	□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. 12.						

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.

Joe Mehra, President

Commontrealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That MCV ASSOCIATES, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on May 21, 1990;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 29, 2021

Bernard J. Logan, Clerk of the Commission