

Jan/28/2022 10:00:56 AM

Koutoulas & Relis, LLC 954-332-1346

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1/28/22 9:51 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KOUTOULAS & RELIS, LLC  
Account Number : I20070000005  
Phone : (954)332-1345  
Fax Number : (954)332-1346

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@krcpas.us

FOREIGN PROFIT/NONPROFIT CORPORATION

MCM Agency, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$728.75

\* Fee should be \$78.75

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Corporate Filing Menu

Help

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 28 AM 10:12

Fax Audit # H22000036874 3

**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** MCM Agency, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven L Relis CPA

Name of Person

Koutoulas &amp; Relis LLC

Firm/Company

1776 N Pine Island Road Suite 316

Address

Plantation, FL 33322

City/State and Zip code

info@krcpas.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ursula Atkinson

at (954) 332-1345

Name of Person

Area Code

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 DEPARTMENT OF STATE**☐ \$70.00 Filing Fee☒ \$78.75 Filing Fee &  
Certificate of Status☐ \$78.75 Filing Fee &  
Certified Copy☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Fax Audit # H22000036874 3

Fax Audit # H22000036874 3

# 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. MCM Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 13-3911760

(State or country under the law of which it is incorporated)

(FBI number, if applicable)

4. 09/20/1996

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. October 2021

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8151 Playa Del Sur Blvd, Lake Worth, FL 33467

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Maxine Casalbone

Office Address: 8151 Playa Del Sur Blvd

Lake Worth, Florida 33467  
(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.

Maxine Casalbone  
(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.

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

Fax Audit # H22000036874 3

FILED  
2022 JAN 28 AM 8:42  
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Fax Audit # H22000036874 3

## A. DIRECTORS

☐ Chairman Name: Candance Cohen  
☐ Vice Chairman Address: 11 N Bridge Place  
☐ Director Mount Kisco, NY 10549  
☒ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Maxine Casalboro  
☐ Vice Chairman Address: 8151 Playa Del Sur Blvd  
☐ Director Lake Worth, FL 33467  
☐ President  
☒ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

~~Important Note:~~ 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.   
 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.

13. Maxine Casalboro  
 (Typed or printed name and capacity of person signing application)

Fax Audit # H22000036874 3

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

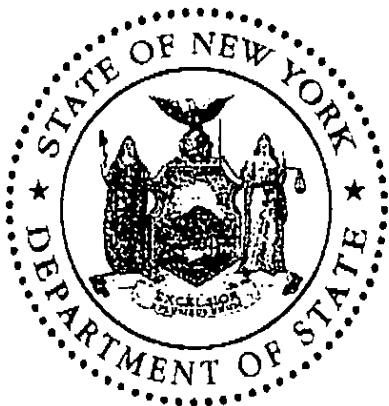
I, ROSSANA ROSADO, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity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

Entity Name:	MCM AGENCY, INC.
DOS ID Number:	2067770
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/20/1996
Statement Status:	CURRENT
Statement Due Date:	09/30/2022

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 Department of State,  
at the City of Albany, on January 21, 2022 at 11:59 A.M.

ROSSANA ROSADO, Acting Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State