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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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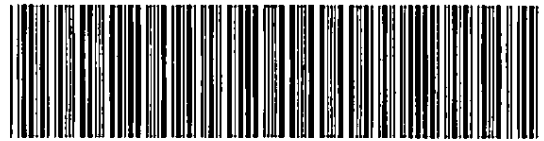
(Business Entity Name)

(Document Number)

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2022

JUL 29 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTF CONSULTING, 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:

MICHAEL FOULTS
Name of Person
MTF CONSULTING, INC.
Firm/Company
1141 SWALLOW AVE 4-202
Address
Marco Island, FL 34145
City/State and Zip code
MTFOULTS@9MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL FOULTS at (319) 540-9193
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

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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. MTF CONSULTING, INC.
(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)

2. NEBRASKA 3. 47-3133623
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-9-2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1141 SWALLOW AVE 4-202 MARCO ISLAND FL 34145
(Principal office street address)

(Current mailing address, if different)

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

Name: RONALD S WEBSTER

Office Address: 800 N COLLIER BLVD #203

MARCO ISLAND, Florida 34145
(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.


(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]:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Michael Fouts ☐ Chairman Name: _____

☐ Vice Chairman Address: 1141 SWALLOW AVE 4202 ☐ Vice Chairman Address: _____

☐ Director Marco Island, FL 34145 ☐ Director _____

☒ 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 _____

☐ 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 _____

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. Michael Fouts
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. MICHAEL FOUTS
(Typed or printed name and capacity of person signing application)

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

MTF CONSULTING, INC.

**incorporated on February 10, 2015 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

July 7, 2022



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State