# 

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

Office Use Only



600393948736

2022: ... 25 PH 7: 10

S. FRANKLIN



## **COVER LETTER**

TO:		tration Section on Corporations				
SUBJ	ECT:	MD 20/20, INC.				
D C D0						
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Colf Existence," or "Certificate ced foreign corporation to tra	of Good Sta	nding	g" and check are submitte	
Please	return a	all correspondence concernit	ng this matte	r to t	he following:	
MARV	'A DON	CARD				
			Name of	Pers	son	_
MD 20	/20, INC	2.				
			Firm/Cor	npan	y	
3167 S	непл. і	.ANE				26
		<del></del>	Addı	ress		
FORT	DENAU	JD FL 33935				2622 c: 7 26
		·· <u> </u>	City/State a	and 2	Zip code	26
MARV	ADON	@DECORATINGDEN.COM	-			7
		E-mail address:	(to be used	for f	uture annual report notifi	
For fur	ther inf	ormation concerning this ma	atter, please	call:		ć
MARVA DON CARD			nt ()		880-8048	
	Name	e of Person	Area Coo	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			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		n ations
Please i		check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMEN' g Fee &[	□ \$7	_	\$87.50 Filing Fee, Certificate of Status of 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 TEAMSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of co "Inc. " "Co" "Co	orporation: mest include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION."		
· · · · · · · · · · · · · · · · · · ·	MD 2020,:	adopted for the purpose of transacting busines	ng De	
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting busines 20-3377133	s mu-lorida)	
(Ctut con name	3. y under the law of which it is incorporated)	(FEI number, if applicable)		
(State of Codini) JARUARY 30 1	2007 S.			
	of incorporation)	Date of duration, if other than perpendicular	etuai)	
			E	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
3167 SHELL LANE, FORT DENAUD FL 33935				
	(Principal off	ice <u>street</u> address)	<del></del>	
3167 SHELL LA	NE, FORT DENAUD FL 33935		F	
	(Current mailin	ng address, if different)		
Name and stree	et address of Florida registered agent: (P.G	D. Box <u>NOT</u> acceptable)		
Name:	MARVA DON CARD			
fice Address:	3167 SHELL LANE			
tr - 1991	FORT DENAUD	, Florida <u>33935</u>		
	(Citv)	(Zip code)		

9. Registered agent's acceptance:

٧.

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.

Manuala (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 MARVA DON CARD MARVA DON CARD □Chairman ■ Chairman 3167 SHELL LANE, 3167 SHELL LANE, □ Vice Chairman Address: □ Vice Chairman Address: FORT DENAUD FL 33935 FORT DENAUD FL 33935 □ Director □Director President □President □ Vice President □ Vice President □Treasurer □ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: MARVA DON CARD Name: \_\_\_\_\_ □ Chairman ☐ Chairman □ Vice Chairman Address: 3167 SHELL LANE, □ Vice Chairman Address: FORT DENAUD FL 33935 □ Director □Director □President □President □ Vice President □Vice President □Treașurer □ Secretary ■ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman ☐ Chairman Name: ☐ Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_\_ □ Director Director □ President □President □ Vice President □ Vice President □ Treasurer □ Secretary ☐ Treasurer □ Secretary □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 thing your blorida Department of State Annual Report form. ignature 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.



## STATE OF IDAHO

Lawerence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 31, 2022

Request Type: Certificate of Existence/Filing

Request #:

0004874131

Receipt #:

000709034

Regarding:

MD 20/20, INC.

Filing Type:

General Business Corporation (D)

Formation/Qualification Date: 01/30/2007

Status:

Active-Good Standing

Duration Term:

Perpetual

Issuance Date: 08/31/2022

Copies Requested:

0

File #:

518844

Formation Locale: IDAHO

Inactive Date:

#### Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

#### MD 20/20, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 019802224