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COVER LETTER

TO: Registration Section Division of Corporations

MLS4OWNERS.COM, INC. SUBJECT:

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 5 above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

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Cheyenne Moseley					
	Name	of Person	<u></u>	·····	
Legalzoom.com, Inc.					 · ·
	Firm/C	ompany			
101 N Brand Blvd 11th Fl					
	Ad	dress			<u> </u>
Glendale, CA 91203					
	City/State	e and Zip coo	lc		
CHRIS@MLS4OWNERS.COM					
E-mail addre	ss: (to be use	d for future a	unnual report	notification)	
For further information concerning this	matter, pleas	e call:			
Cheyenne Moseley	800 at (773-08	88		
Name of Person	Area C	ode I	avtime Telep	phone Number	
STREET/COURIER ADDRE	SS:		MAILING A	ADDRESS:	
Registration Section Division of Corporations		Registration Section			
The Centre of Tallahassee		Division of Corporations P.O. Box 6327			
2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10		Tallahassee, 1		
Enclosed is a check for the following an Please make check payable to: FLORIDA 1		NT OF STAT	E		
□ \$70.00 Filing Fee □ \$78.75 Fili Certificate	ing Fee &	S78.75 F Certified	iling Fee &	S87.50 Filing Fee Certificate of Sta 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 TRANSACT BUSINESS IN THE STATE OF FLORIDA.

MLS4OWNERS.COM, INC. 1.

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

Washington		602-458-114 3.	
(State or counti	y under the law of which it is incorporated)	(FEl number, if applicable)	
12/29/2004		5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
		a in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	<u>,</u>
3616 TAHO <mark>MA</mark>	PLACE WEST, UNIVERSITY PLACE, W	ashington 98466	-
	(Principal o	office street address)	
	(Current mai	ling address, if different)	<u> </u>
Name and <u>stree</u>	at address of Florida registered agent: (F	P.O. Box <u>NOT</u> acceptable)	
Name:	United States Corporation Agents, Inc.		
fice Address:	476 Riverside Ave.		
	Jacksonville	Florida 32202	
	(City)	(Zip code)	

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, with and accept the obligations of my position as registered agent. and I am familifi

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

(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.

^{1).} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

I.

ı.

i.

А.	DIRECTORS	

A. DIRECTORS					
Chairman	Chris Nye Name:	Chairman	Teresa Nye Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 3616 TAHOMA PLACE WEST		
Director	UNIVERSITY PLACE, WA 98466	Director	UNIVERSITY PLACE, WA 98466		
President	,,,,,,,,,	President			
⊡Vice President		□Vice President			
Becretary	Treasurer	Secretary			
⊡Other	[]Other	□Other	[]Other		
ElChairman	Name:	IChairman	Name:		
	Address:	⊡Vice Chairman	Address:		
Director		Director	·		
DPresident		DPresident			
□Vice President		□Vice President			
Secretary	Treasurer	Secretary			
⊡Other	Ü Other	Other			
DChairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
ODirector		Director			
President		□President			
⊡Vice President		⊡Vice President			
Secretary	Treasurer	Secretary	Treasurer		
⊡0th¢r	[] Other	□Other	Other		
Important Notice: 1 individuals may be	ise an attachment to report more than six (6). The attached to the index when filing your Florida Departments	chment will be image nt of State Annual Re	d for reporting purposes only. Non-indexed port form.		
(Hignature of Rirector o	r Officer			
	tor signing this document (and who is listed in number lise information submitted in a document to the Departu				

13. Chrls Nye, President

(Typed or printed name and capacity of person signing application)

To:



ACCERTANCE -

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