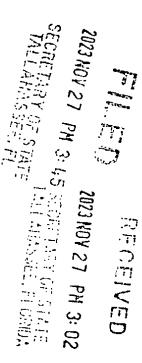
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Special Instructions to Filing	Officer:
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Office Use Only



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### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 11/22/2023

PRIORITY

Regular Approval

OUR REF # (Order ID#) 1200294

ORDER ENTITY

M & K WEBSTER, INC.

#### PLEASE PERFORM THE FOLLOWING SERVICES:

M & K WEBSTER, INC. (FL)

File the attached foreign qualification document and provide a certified copy.

#### NOTES:

\$78.75 Authorized

Email address for annual report reminders: paul@delaneycorporate.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## 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.

	The same of the carp.	TED," "COMPANY," "CORPORATION,"	
(If name unavai	able in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Florida)	
New York	-	16-1450384	
(State or count	ry under the law of which it is incorporate	ed) (FEI number, if applicable)	
17/0/1002		· upprication	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
	•	(Date of duration, if other than perpetual)	
	Date first transacted business		
	(40000001000000000000000000000000000000	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	
3036 Old Vest	al Road, Vestal, NY 13850 (Principal Road, Vestal, NY 13850	the contract penalty habitity	
	(Principal)	al office street address)	
3036 Old Ves	al Road, Vestal, NY 13850	serve serve address)	
	(Current r	mailing address, if different)	
			A .
Name and <u>stre</u> Name:	address of Florida registered agent:  Mark E. Webster	24/G	2 404 EZBJ
	Mark E. Webster  3548 Mirano Terrace	(P.O. Box NOT acceptable)	15.23 KOY 27
Name:	Mark E. Webster  3548 Mirano Terrace	(P.O. Box NOT acceptable)	1023 KOY 27 PM
Name:	Mark E. Webster  3548 Mirano Terrace	(P.O. Box NOT acceptable)	MESHOY 27 PH S
Name: ice Address: Registered ag	Mark E. Webster  3548 Mirano Terrace  New Smyma Beach  (City)	(P.O. Box NOT acceptable)  Provide 32168 (Zip code)	1023 KOY 27 PH 2
Name: ice Address: Registered agving been nam	Mark E. Webster  3548 Mirano Terrace  New Smyrna Beach  (City)  ent's acceptance: ed as registered agent and to accept	(P.O. Box NOT acceptable)  Provide 32168 (Zip code)	1623 KOY 27 PH 2
Name: ice Address: Registered agving been namignated in this	Mark E. Webster  3548 Mirano Terrace  New Smyrna Beach  (City)  ent's acceptance: ed as registered agent and to accept: application. I hereby accept the	(P.O. Box NOT acceptable)  , Florida 32168  (Zip code)  service of process for the above stated corporation at the plan ointment as registered agent and agree to act in this capacit	1023 KOY 27 PH 2 ce Tyluter,

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total);

Chairman Name:
□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ □ Other □ □ Vice Chairman Address: □ □ Directot □ □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Ot
□ President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Other □ □ Vice Chairman Address: □ □ Director □ □ President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ □ Oth
□ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ □ Other □ □ Vice Chairman Address: □ □ Director □ □ President □ Vice President □ Secretary □ Treasurer □ □ Other □ □ Other □ □ □ Other
□Secretary □Treasurer □Other □Other □Other □Vice Chairman Address: □Director □President □Vice President □Secretary □Treasurer □Other □Other □
Other
□ Chairman Name:  □ Vice Chairman Address: □ □ Director □ □ President □ Vice President □ Secretary □ Treasurer □ □ Other □ □ Other
□ Vice Chairman Address: □ □ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other
□ Vice Chairman Address: □ □ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other
☐ Director  ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Other ☐ ☐ Other
☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Other ☐ ☐ Other
☐ Vice President ☐ Secretary ☐ Treasurer ☐ Other ☐ ☐ Other
☐Secretary ☐Treasurer ☐Other ☐Other
Other Other
LIOINER .
—— □Chairman Name:
Procident
□ Vice President
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FL019H -12/16/2021 Wolfers Klower Online

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:** 

M & K WEBSTER, INC.

DOS ID Number:

1778422

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

12/09/1993

Statement Status:

CURRENT

Statement Due Date: .

12/31/2023

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 November 22, 2023 at 12:32 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004710825 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>