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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

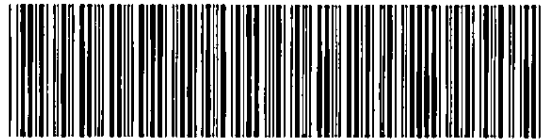
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/23--01027--003 **78.75

2023 NOV 14 AM 11:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBILE PARCEL CARRIERS, 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:

FRANK WOLLAND

Name of Person

KEYSTONE LAW FIRM P.A.

Firm/Company

12865 W. Dixie Highway

Address

NORTH MIAMI, FL. 33161

City/State and Zip code

FWOLLAND@KEYSTONELAWPA.COM

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

For further information concerning this matter, please call:

FRANK WOLLAND

Name of Person

at (305) 899-8588

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

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.

mobile Parcel CARRIERS, 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. new York 3. 132 72 7033
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/03/1972 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. 4439 W. Horseshoe Drive, Beverly Hills, FL 34465
(Principal office street address)

(Current mailing address, if different)

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

Name: FRANK WOLLAND

Office Address: 12865 W. Dixie Highway
WORTH MIAMI, Florida 33161
(City) (Zip code)

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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.

[Signature]
(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).

A. DIRECTORS

☐ Chairman Name: David Harris
☐ Vice Chairman Address: 4435 W. Horseshoe Dr
☐ Director Beverly Hills Fl
☒ President 33465
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

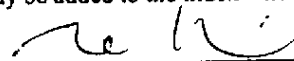
☐ Chairman Name: Paul Harris
☐ Vice Chairman Address: 7267 Tongue Ct
☐ Director Bryant Beach Fl
☐ President 33437
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ 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: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. 
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. David Harris, President
(Typed or printed name and capacity of person signing application)

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: MOBILE PARCEL CARRIERS INC.
DOS ID Number: 329217
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 05/03/1972
Statement Status: PAST DUE DATE
Statement Due Date: 05/31/2016

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 05/03/1972
Entity Name: MOBILE PARCEL CARRIERS INC.

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 09/16/1983

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/15/1993
Effective Date: 05/01/1993

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/14/1996
Effective Date: 05/01/1996

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/07/1998
Effective Date: 05/01/1998

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/02/2000
Effective Date: 05/01/2000

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/03/2002
Effective Date: 05/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/11/2004
Effective Date: 05/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/16/2006
Effective Date: 05/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/21/2008
Effective Date: 05/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/30/2010
Effective Date: 05/01/2010

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 01/31/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/13/2014
Effective Date: 05/01/2014

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 09, 2023
at 10:48 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State