# F98 OTHNSMITALLITTER 2012

TO: Qualification/Tax Lien Section Division of Corporations 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", 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: MJMS International, Inc. (Firm/Company) Orlando, Florida 32825 (City/State/Zip) Should you need to call someone concerning this matter, please call: (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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.	MJMS International Inc.		
•	MTMS International, Inc.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)	f a	
2.	Oblawore (State or country under the law of which it is incorporated)  3. 54-1757496 (FEI number, if applicable)	<u></u>	
	(State of country index the law of which it is incorporated) (TEI number, if application	<i>- - - - - - - - - -</i>	
4.	Date of Incorporation)  5. Per pel al (Duration: Year corp. will cease to exist		
	(Date of Incorporation) (Duration: Year corp. will cease to exist "perpetual")	OF	
6.	Z 18 98 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		0
~	928 Little Creek Road	98 APR	DIVISION A
1.	180 Little Clear 1800	75	<u> </u>
		<del>ار</del> ت	~ 77
	Orlando, Florida 32825 (Current mailing address)	<u>ထ</u>	<u>`</u>
	(Current mailing address)	P	
	•		₹0
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	:: 37	<u> </u>
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nacceptable)		NS.
	Name: Aron Moskewicz		
	Office Address: 928 Little Creek Road		
	Octorda Blorida 37875	•	
	Orlando, Florida, 32825 (Zip Code)		
10	Registered agent's acceptance:		
co re ali	rying been named as registered agent and to accept service of process for the above rporation at the place designated in this application, I hereby accept the appoint gistered agent and agree to act in this capacity. I further agree to comply with the provides statutes relative to the proper and complete performance of my duties, and I am familiad accept the obligations of my position as registered agent.  (Registered agent's signature)	tmen visior	t as is of
11	. 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	s	

incorporated.

## 12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

### A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman:	· · · · · · · · · · · · · · · · · · ·
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only-P.O. Box NOT  President: Aron Moskewicz	
Address: 928 Little Creek Road Orlando Florida 32825	98 APR
,	t
Vice President:	<del></del>
Address:	
	<u></u>
Secretary:	· · · · · · · · · · · · · · · · · · ·
Address:	
Treasurer:	
Address:	
Addiess.	
NOTE: If necessary, you may attach an addendum to the officers and/or directors.	e application listing additional
13	
(Signature of Chairman, Vice Chairman, or any officer list	sted in number 12 of the application)
14. Aron Moskewicz - President (Typed or printed name and capacity of perso	n signing afinlication
(=) pour or printed number and capacity of perso	as cappassant uppracements.

## State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MJMS INTERNATIONAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 1998.

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Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

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DATE:

02-27-98

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