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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDJ TOWING & TRANSPORT 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:
JON SUNDACK

SUNDACK CPA	Name of Person
534 BROADHOLLOW RD., STE 330	Firm/Company
MELVILLE, NY 11747	Address
INFO@SUNDACKCPA.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

JON SUNDACK	631	499-9437
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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.

1. MDJ TOWING & TRANSPORT 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. NJ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/1/2013 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. 11112 BOSTON DR, COOPER CITY, FL 33026
(Principal office address)

(Current mailing address, if different)

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

Name: MICHAEL SAROSI

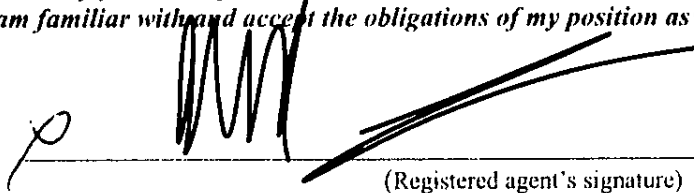
Office Address: 11112 BOSTON DR

COOPER CITY, Florida 33026
(City) (Zip code)

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DIVISION OF CORPORATIONS
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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.


(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MICHAEL SAROSI

Address: 11112 BOSTON DR, COOPER CITY, FL 333026

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL SAROSI

11112 BOSTON DR, COOPER CITY, FL 333026

Address: _____

Vice President: MICHAEL SAROSI

Address: 11112 BOSTON DR, COOPER CITY, FL 333026

Secretary: MICHAEL SAROSI

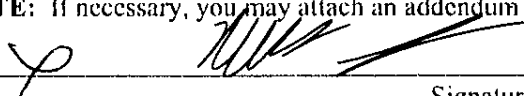
Address: 11112 BOSTON DR COOPER CITY, FL 333026

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 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. Michael Sarosi, President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

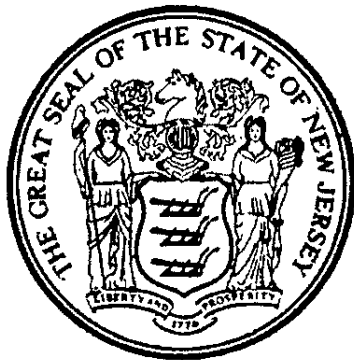
MDJ TOWING & TRANSPORT INC.
0400584532

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 01, 2013.

Said business was placed in a pending Reinstatement Process on July 21, 2016, and as of the date of this certificate, has not yet been reinstated, and its Annual Reports are current.

I further certify that the last registered agent and registered office of record were:

*MICHAEL SAROSI
542 BERLIN CROSS KEYS RD.
SUITE 3212
SICKLERVILLE, NJ 08081*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
28th day of September, 2016*

Ford M. Scudder

*Ford M. Scudder
State Treasurer*

Certificate Number : 6074548715

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp