## FOCOCOCOS 3235°

To:

Registration Section

Division of Co	rporations				
SUBJECT: DOV	VA. 14d.	ŧ.			
	(Name o	f corporation - must include	de suffix)		
Dear Sir or Madam:					
The enclosed "Applicate "Certificate of Existence transact business in Flo	ion by Foreign Corpo e", and check are sub rida.	oration for Authorization to emitted to register the about	to Transact B	Business in Florid I foreign corpora	da", tion to
Please return all corresp	ondence concerning	this matter to the followin	19:		
	KOV BK	DWBFRC	, <b>5</b> ,	2	
. <u>Dl</u>	04NA, LH.	(Name of Person)	_	0033823 -09/05/000 *****87.50	3303 1133-013 *****87.50
•	•	(Firm/Company)			
180	1 86H SH	eet suite 2		W -:	21228
<b></b>		(Address)		•	
BRI	00KL4W	NY	112/4		
		(City/State/Zip)	11211	<del>:</del>	
Should you need to call s    Make the content of th		this matter, please call:  ### 33/-  (Area Code & Daytim	7600	N S	n!
	-9	(Area Code & Daytim	e Telephone	Number	,
STREET ADDRESS:		MAILING AD	DRESS:	EP II A ETARY OF HASSEE, I	可
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	M 9:34 STATE	· /
Enclosed is a check for the	e following amount:				1
☐ \$70.00 Filing Fee ☐	J \$78.75 Filing Fee Certificate of Stat	& 🗇 \$78.75 Filing Fetaus Certified Copy	(	687.50 Filing Fed Certificate of State Certified Copy	e,



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 7, 2000

YAKOV BROMBERG DOYNA , LTD. 1801 86TH STREET, STE 2 BROOKLYN, NY 11214

SUBJECT: DOYNA, LTD. Ref. Number: W00000021928

We have received your document for DOYNA, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days op your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 487-6097.

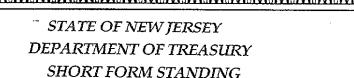
Michael Mays Document Specialist

Letter Number: 400A000478

## 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 THE STAT
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly in the company of
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present
natural person or partnership if not so contained in the name at present.)
- '
2. NEW JERGEY
(State or country under the law of which it is incorporated)  (FE) number if condicable)
(State or country under the law of which it is incorporated)  (FEI number, if applicable)
5. <u>PERPETUAL</u>
(Duration: Year corp. will cease to exist or "perpetual")
6. UP(1)1/ 12/18/17/17/17/11/11
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155. F. S.)
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7 2 /80/ 8/14 AL 1 3 A 2
7. a. 1801 86 th Street Swife 2 BROOKLYW NY 11214
(Principal office address)
b. 1801 86th Street Swite 2 BROOKLYW NY 11214
(Current mailing address)
8. SHIPPING ALCOHOLIC BEVERAGES TO FLORIDA  (Purpose(s) of corporation authorized in home state or an extension of the second state of the second
(Purpose(s) of corporation authorized in home state or country to be considered.
in nome state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT agentable)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT agentable)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: JULIA RAYKHSHTAT
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: JULIA RAYKHSHTAT
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Street address   Street address
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Street address   Street address   Street address   Street agent   Street agent   Street address   St
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: JULIA RAYKISHTAT  Office Address: BO NE 134 Ne.  IMPLANDALE, Florida 33009
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Main
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: JULIA RAYKISHTAT  Office Address: BO NE 134 Ne.  IMPLANDALE, Florida 33009
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: JULIA RAYKHSHITAT  Office Address: BO NE 134 No.  IBULIANDALE, Florida 33009 (Zip code)  10. Registered agent's acceptance:
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Main   Main
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: JULIA RAYKIISITAT  Office Address: BO NE 134 No.  (Zip code)  Name: SEP TO SEP
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Main
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Main
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Main
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: JULIA RAYKISHIII  Office Address: BO NE 134 Ne. (Zip code)  Negistered 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 Registered agent's signature)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: The Raykil Sufficiency of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: The Raykil Sufficiency of Florida Sufficienc
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Main

12. Names	and business addresses of officers and/or directors:
A. DIREC	TORS
Chairman:	
Address: _	
_	•.
	man;
	Y Y
Address: _	
Director:	
Address:	
-	• .
B. OFFI	
President:	YAKOV BROMBERG
Address:	104 CONNONS DRIVE AT KINGSWOOD ES
	EHST BRUNSWEEK NJ 08816
Vice Presi	dent:
Address:	FLOOT 9
	POR STEEL ST
Caaratama	• .
Address:	
Treasurer:	
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	me
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)
	7-52-1-1-E



DOYNA, LTD

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 9, 1997.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

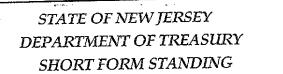
1998

I further certify that the registered agent and registered office are:

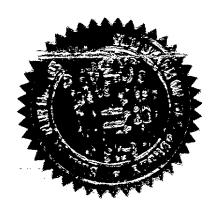
Yakov Bromberg 17 Forest Lane Neshanic Station, NJ 08853

Continued on next page . . .

SECRETARY OF STATE



DOYNA, LTD



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of August, 2000

Rdam J MM Machall

Roland M Machold Treasurer OO SEP 14 M 9: 34
SECRETARY OF STATE
SECRETARY OF STATE