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Office Use Only



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D. SCOTT MAR 7 2017

### **COVER LETTER**

_	ration Section on of Corporations					
SUBJECT:	Sarah Rubin, Inc					
	Name	of corporation	- must i	nclude suffix		•
Dear Sir or Ma	adam:					
"Certificate of	"Application by Foreign C Existence," or "Certificat eed foreign corporation to	e of Good Stan	ding" an	d check are sub	ct Business in mitted to reg	n Florida," ister the
Please return a	ill correspondence concert	ning this matter	to the fo	ollowing:		
Sarah Rubin						
		Name of	Person			
Sarah Rubin, I	nc					
		Firm/Com	pany		•	
22 Windward \	<i>W</i> ay					
		Addre	SS			
Red Bank, N	New Jersev 07701					
,		City/State ar	nd Zip co	ode		
irarubin@hotm	nail.com					
<del></del>	E-mail addres	s: (to be used f	or future	annual report n	otification)	<del></del>
For further inf	ormation concerning this t	natter, please c	all:			1 SECO
sarah rubin		at (732	778-	4666		聖 第二
Name	of Person	Area Code	_, ;	Daytime Teleph	ione Number	要なると
Regist Divisio Cliftor 2661 F	ET/COURIER ADDRES ration Section on of Corporations in Building Executive Center Circle assee, FL 32301	SS:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations	9 9
Enclosed is a c	theck for the following am	ount:				
<b>⋩ \$</b> 70,00 Fili	ng Fee			Filing Fee & ed Copy		Filing Fee, cate of Status &

## 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.

New Jersey	2	0.0070070	
	y under the law of which it is incorporated)	2-3276276 (FEI number, if applier	ible)
August 12.199	·		
	of incorporation)	(Date of duration, if other than	perpetual)
			•
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
22 Windward W	ay Red Bank, New Jersey 07701		
	(Principal	office address)	
			-
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	型的
	et address of Florida registered agent: (P.O.	Box NOT acceptable)	1868
Name and street	et address of Florida registered agent: (P.O. Registered Agents Inc.	Box <u>NOT</u> acceptable)	18 CORE 18 - 60 CO
		Box <u>NOT</u> acceptable) —	TALLANSSE OF
Name:	Registered Agents Inc. 3030 N. Rocky Point Dr. STE 150A		SECRETARIES SECTION
Name:	Registered Agents Inc. 3030 N. Rocky Point Dr. STE 150A	Box <u>NOT</u> acceptable) , Florida <u>33607</u> (Zip code)	SECRETARIO SPECIALISME
Name: · ffice Address:	Registered Agents Inc.  3030 N. Rocky Point Dr. STE 150A  Tampa  (City)		SECRETARY STATE
Name:  Name:  Registered againg been name	Registered Agents Inc.  3030 N. Rocky Point Dr. STE 150A  Tampa  (City)  ent's acceptance: ed as registered agent and to accept service	, Florida 33607, Florida 23607 (Zip code)  to of process for the above stated co	
Name:  Name:  Registered agaving been names signated in this	Registered Agents Inc.  3030 N. Rocky Point Dr. STE 150A  Tampa  (City)  ent's acceptance:	, Florida 33607 , Florida 33607 (Zip code) to of process for the above stated count as registered agent and agree to	o act in this capa

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. DIRECTOR'S Chairman: Sarah Rubin Address: 22 Windward Way Red Bank NJ 07701 Vice Chairman: Address: Director: \_ Address: \_ Director: Address: **B. OFFICERS** President: Sarah Rubin Address: 22 windward Way Red Bank, NJ 07701 Vice President: Secretary: Ira Rubin Address: 22 Windward Way Rec Bank NJ 07701 Treasurer: Address: NOTE: If necessary/you may attach an addendum to the application listing additional officers and/or directors. 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.

(Typed or printed name and capacity of person signing application)

13. Sarah Rubin, President

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

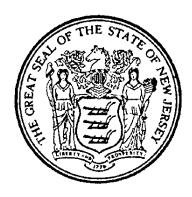
#### SARAH RUBIN, INC. 0100561218

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 August 12, 1993.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SARAH RUBIN 22 WINDWARD WAY RED BANK, NJ 07701



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of February, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6077572519

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

