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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
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ELECTRONIC FILING

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION ART LINE WHOLESALERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

S. WARREN

NOV 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Art Line Wholesalers, 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:

Puneet Bhasin

Name of Person

Art Line Wholesalers, Inc

Firm/Company

1 Midland Ave.

Address

Hicksville, NY - 11801-1509

City/State and Zip code

puneet@artlinegroup.com

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

For further information concerning this matter, please call:

Puneet Bhasin

at (*516*) *931 5550*

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. ART LINE WHOLESALERS, 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. NY 3. 11-2007759
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 26, 1982 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Midland Ave, Hicksville, NY - 11801-1509
(Principal office address)

1 Midland Ave, Hicksville, NY - 11801-1509
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

C T Corporation System

By: Danny Verdecchia
(Registered agent's signature) Assistant Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: PUNEET BHASIN

Address: 1 Midland Ave, Hicksville, NY - 11801-1509

Director: _____

Address: _____

B. OFFICERS

President: PUNEET BHASIN

Address: 1 Midland Ave, Hicksville, NY - 11801-1509

Vice President: _____

Address: _____

Secretary: DANIEL POTENTE

Address: 1 Midland Ave, Hicksville, NY - 11801-1509

Treasurer: DANIEL POTENTE

Address: 1 Midland Ave, Hicksville, NY - 11801-1509

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 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. Puneet Bhasin President

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

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CLERK OF THE COURT
STATE OF NEW YORK
SHERMAN COUNTY

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ART LINE WHOLESALEERS, INC. was filed on 04/26/1962, with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 28th day of November
two thousand and seventeen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State