

F22000007150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

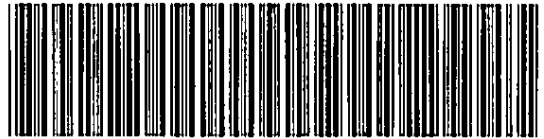
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M. SOLOMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
MBMA CORP.

**SUBJECT:** \_\_\_\_\_  
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:  
BRIAN NAKASH

MBMA CORP. d/b/a SPECTRUM KITCHENS	Name of Person
140 EILEEN WAY STE 400	Firm/Company
SYOSSET, NY 11791	Address
bnakash@spectrumkitchens.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

BRIAN NAKASH	516	496-9888
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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  
REGISTERED FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

MBMA CORP.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SPECTRUM KITCHENS

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

NEW YORK 11-3330567

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

07/10/1996

4. \_\_\_\_\_ 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)

140 ELLEN WAY STE 400, SYOSSET, NY 11791

7. \_\_\_\_\_  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

STEVEN NAKASH

Name: \_\_\_\_\_

2363 N FEDERAL HWY, STE B

Office Address: \_\_\_\_\_


BOCA RATON 33432

\_\_\_\_\_, Florida \_\_\_\_\_

(City) (Zip code)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

MICHAEL NAKASH

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

BRIAN NAKASH

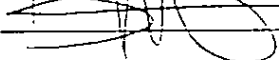
- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. BRIAN NAKASH, VICE PRESIDENT \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	MBMA CORP.
DOS ID Number:	2046070
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/09/1996
Statement Status:	CURRENT
Statement Due Date:	07/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on October 11, 2022 at 11:04 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>