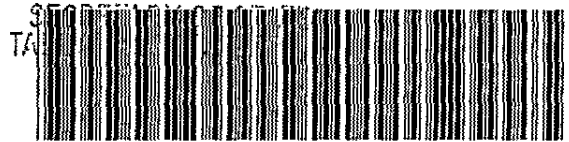


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2004 MAY 12 P 12: 28



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(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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TO: Registration Section
Division of Corporations

2004 MAY 12 P 12: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: **452 WYCKOFF CORP.**

(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", 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:

ADAM TEDESCO

(Name of Person)

C/O GRANITO & EPSTEIN, LLP

(Firm/Company)

100 MERRICK ROAD, SUITE 202 E

(Address)

ROCKVILLE CENTRE, NY 11570

(City/State and Zip code)

For further information concerning this matter, please call:

MARTIN EPSTEIN

(Name of Person)

at (**516**) **536-8500**

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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.

FILED

2004 MAY 12 P 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **452 WYCKOFF CORP.**

(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. **NEW YORK**

(State or country under the law of which it is incorporated)

3. **11-2623082**

(FEI number, if applicable)

4. **10/21/1981**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **01/01/04**

(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.)

7. **100 MERRICK ROAD SUITE 202E, ROCKVILLE CENTRE, NY 11570**

(Principal office address)

100 MERRICK ROAD SUITE 202E, ROCKVILLE CENTRE, NY 11570

(Current mailing address)

8. **ADMINISTRATIVE/MANAGERIAL**

(Purpose(s) of corporation authorized in home 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** acceptable)

Name: **BERNARD MANDEL**

Office Address: **52 NORTHWOODS LANE**

BOYNTON BEACH

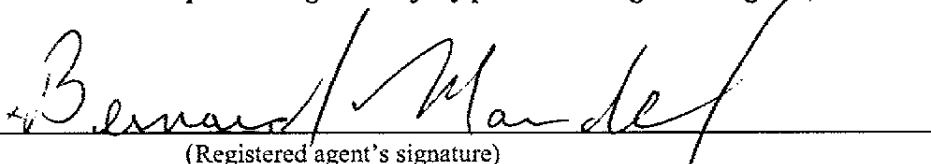
(City)

Florida **33436**

(Zip code)

10. 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)

11. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **ADAM TEDESCO**

Address: **164 PEBBLE LANE**

HEWLETT NY 11557

Vice President: _____

Address: _____

Secretary: **ABBY TEDESCO**

Address: **11 BIARRITZ STREET, LIDO BEACH, NY 11561**

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. **Adam Tedesco, President**

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

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2004 MAY 12 P 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York } ss:
Department of State

FILED

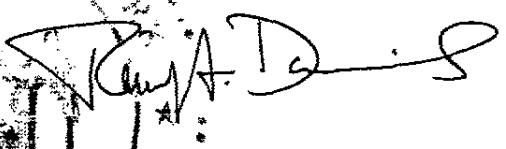
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of 452 WICKOFF CORP. was filed on 10/20/1981, 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 a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 27th day of April
two thousand and four.


Secretary of State

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