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To: Division of Corporations
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From: Account Name : SOLOMON & FURSHMAN, LLP
Account Number : I20050000182
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rsp9daro@SFLLP.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
JDM CAPITAL HOSPITALITY MANAGEMENT CORP.**

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MAY 1 - 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JDM CAPITAL HOSPITALITY MANAGEMENT CORP., a New York corporation

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:

R.J. Spadaro

Name of Person

Solumon, Cooperman & Recondo, LLP

Firm/Company

1200 Brickell Avenue, PH 2000

Address

Miami, Florida 33131

City/State and Zip code

rspadaro@sfilp.com

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

For further information concerning this matter, please call:

R.J. Spadaro

305

938-6910

at (_____) _____

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.

IDM CAPITAL HOSPITALITY MANAGEMENT CORP.

1.

(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)

New York

N/A

2.

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

(FEI number, if applicable)

August 12, 2011

N/A

4.

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

N/A

6.

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

641 Lexington Avenue, 14th Floor, New York, New York, 10022

7.

(Principal office address)

(Current mailing address, if different)

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

Name:

Solomon, Cooperman & Recondo, LLP

Office Address:

1200 Brickell Avenue, PH 2000

Miami

33131

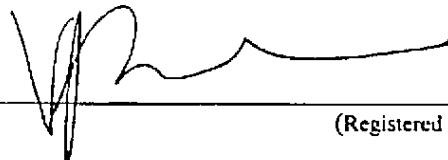
(City)

, Florida

(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 address 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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joseph W. DeMatteo, Sr.
641 Lexington Avenue, 14th Floor
Address: New York, New York 10022

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Joseph W. DeMatteo, Sr.
641 Lexington Avenue, 14th Floor
Address: New York, New York 10022

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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. Joseph W. DeMatteo, Sr., Director and President
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of JDM CAPITAL HOSPITALITY MANAGEMENT CORP. was filed on 08/12/2011, under the name of MOLIERE CAPITAL CORP., 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.

A Certificate of Amendment MOLIERE CAPITAL CORP., changing its name to JDM CAPITAL HOSPITALITY MANAGEMENT CORP. , was filed 03/25/2016.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of April two
thousand and nineteen.*

Whitney Clark
Deputy Secretary of State