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COVER LETTER

	ion Section of Corporations			
SUBJECT: Ad	lamo Demo Corporation			
	Name o	of corporation -	must include suffix	
Dear Sir or Mada	ım:			
"Certificate of Ex	pplication by Foreign Co sistence," or "Certificate foreign corporation to tr	of Good Standi	ng" and check are subn	
Please return all	correspondence concerni	ng this matter to	the following:	
gesualdo adamo				
		Name of Po	erson	
Adamo Demo Cor	poration dha/the demo cre	w		
		Firm/Compa	any	~1
11 liberty lane				.021
		Address	3	7
millsyone twsp nj (08535			-
tadamo3@aol.com	ı	City/State and	l Zip code	otification)
	E-mail address	(to be used for	future annual report no	otification)
For further inform	nation concerning this m	atter, please cal	l:	pt *
gesualdo adamo		at (⁷³²	6848701	
Name of	Person	Area Code	Daytime Teleph	one Number
Registrat Division The Cent 2415 N. I	I/COURIER ADDRESS ion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	ck for the following amo payable to: FLORIDA DE Fee	CPARTMENT OF SPECE & 12 S	OF STATE \$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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")		
the demo crew			
(If name unavail	ble in Florida, enter alternate corporate name	adopted for the purpose of transacti	ing business in Florida)
new jersey	3	473574178	
(State or countr	v under the law of which it is incorporated)	(FEI number, if a	ipplicable)
3/31/2015	5	perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
to be determined	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabi	ility)
11 liberty lane mi	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 llstone twsp nj 0853.5		ility)
11 liberty lane mi 945 crescent bea Name and stre	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 Illstone twsp nj 08535 (Principal off ch road vero beach fl 32963	fice street address) ng address, if different)	2021 MAY 14
11 liberty lane mi 945 crescent bea	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 blistone twsp nj 0853.5 (Principal off ch road vero beach fl 3296.3 (Current mailing et address of Florida registered agent: (P.	fice street address) ng address, if different)	
11 liberty lane mi 945 crescent bea	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 blistone twsp nj 08535 (Principal of Current mailing address of Florida registered agent: (P. gesualdo adamo	fice street address) ng address, if different)	2021 MAY 14

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.

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.

A. DIRECTORS Name: gesualdo adamo Name: ■ Chairman □Chairman 11 liberty lane Address: ☐ Vice Chairman □Vice Chairman Address: millstone twsp.nj 08535 Director □Director □President □President ☐Vice President ☐ Vice President □ Secretary ☐Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other _ _ _ □Other _____ □Other _____ □Chairman Name: □Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: ______ □ Director □Director □ President □President ☐ Vice President ___ □Vice President □ Secretary □Treasurer □ Secretary □Other _______ □Other ____ □Other _____ □ Chairman Name: □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: ___ □Director □ Director □President □President □Vice President ☐ Vice President □Secretary Treasurer □ Secretary □Treasurer □Other _____ □Other ____ □Other _____ 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. Alla adum 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.

gesualdo adamo

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

ADAMO DEMO CORPORATION

0400736687

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 March 31, 2015.

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:

GESUALDO ADAMO 11 LIBERTY LSNE MILLSTONE TWSP. NJ 08535

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on December 21, 2020.

OTHER

GESUALDO ADAMO

11 LIBERTY LANE

MILLSTONE TWSP, NJ 08535



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of May, 2021

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6118941492

Verify this certificate online at

https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp