To: Qualification/Tax Lien Section Division of Corporations 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", 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: Should you need to call someone concerning this matter, please call: Z at (518) 186-3530 (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 20, 2000

JANE NIECKARZ NORTHEAST ONE STOP, INC. 7 NORTHWAY LANE LATHAM, NY 12110

SUBJECT: NORTHEAST ONE STOP, INC.

Ref. Number: W00000001625

We have received your document for NORTHEAST ONE STOP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 100A00002776

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. |
|--|
| Alaskillasal & alba Ilda |
| (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or |
| words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a |
| natural person or partnership if not so contained in the name at present.) |
| 21-2//35/209 |
| 2. Ny (State or country under the law of which it is incorporated) 3. 22-2435609 (FEI number, if applicable) |
| alos astia |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 12/1/99 |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| 7. 7 Northway Care |
| Lathan My 12/10 |
| (Current mailing address) |
| |
| 8. Music wholesaler - Sales office |
| (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: Steve Sneider |
| Name: Completion |
| Office Address: 9900 W. Sample Road |
| Name: Steve Sneider Office Address: 9900 W. Sample Road Caral Springs, Florida, 33065 |
| (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.

| A. DIREC | CTORS (Street address only - P.O. Box NOT acceptable) | | |
|---------------|--|----------------|--------------|
| Chairman: | Louis J. Delsignore | | = |
| Address: | 1 Northway Care | | |
| | latham my 12110 | | |
| Vice Chairn | man: | | |
| Address: | | | |
| | | | |
| | | | |
| | | | |
| | | · · | <u> </u> |
| Director: _ | | | |
| Address: | | | ** |
| B. OFFIC | CERS (Street address only - P.O. Box NOT acceptable) | | - |
| | Ronald J. Nicks | | == |
| Address: | 7 Northway Come | · . | · |
| | 1 Northway Come Otham My 12110 | | - |
| | lent: | SEC S | |
| | | N 28 | |
| | | SSEI P | 177 |
| Secretary: _ | | FLC'S | - |
| Address: | · · · · · · · · · · · · · · · · · · · | 35. 35. | |
| | | | |
| Treasurer: | | | |
| | | | • |
| | | | |
| NOTE: If | f necessary, you may attach an addendum to the application listing additional officers and/or direct | | <u> </u> |
| 13 | necessary, you may attach an addengant to the application fishing additional officers and/or direct | ors. | |
| 13. | (Signature of Chauman, Vice Chairman, or any officer listed in number 12 of the application | n) | |
| 14. Ro | mald J. Nicks - President | | |
| | (Typed or printed name and capacity of person signing application) | | |

State of New York **Department of State**

I hereby certify, that the certificate of incorporation of NORTHEAST ONE STOP, INC. was filed on 01/25/1983, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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. I further certify the following:

A Certificate of Amendment was filed on 06/23/1989.

A Certificate of Merger was filed on 12/17/1991.

Certificate of change was filed on 09/16/1992.

A Biennial Statement was filed 02713

A Biennial Statement was

Certificate of change was fi

A Biennial Statement was fi

A Biennial Statement was 🛣

been filed by such I further certify, that no

corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of November one thousand nine hundred and ninety-nine.

Special Deputy Secretary of State

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