

Document Number

**F00000002753**

**CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092**

DATE: 5/16

800003254598--2  
-05/16/00--01060--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Corporation(s) Name

Julia Gray, LTD. Inc.

FILED  
DIVISION OF CORPORATIONS  
MAY 16 PM 4:54

- |   |  |                                 |
|---|--|---------------------------------|
| <input checked="" type="checkbox"/> Profit  | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit  |  |                                 |
| <input checked="" type="checkbox"/> Foreign   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark   |
| <input type="checkbox"/> LLC  | <input type="checkbox"/> Withdrawal      |                                 |
| <input type="checkbox"/> Limited Partnership  | <input type="checkbox"/> UBR             | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Reinstatement  | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Ch. RA |
| <input type="checkbox"/> UCC <input type="checkbox"/> 1 or <input type="checkbox"/> 3 |  |                                 |

\*\*\*Special Instructions\*\*

- |   |                                      |                              |
|---|--------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> Certified Copy                                    | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Arts/amends/mergers <input type="checkbox"/> Other-See Above |                                      |                              |

<input checked="" type="checkbox"/> (XXX)Walk in	<input checked="" type="checkbox"/> (XXX)Pick-up	<input type="checkbox"/> ( )Will Wait
--	--	---------------------------------------

Please Return Filed Stamped  
Copies To:

Carol Clark

Thank You!

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

MAY 16 PM 1:11

RECEIVED

BK 5/16

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: JULIA GRAY LTD. INC.

(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:

JULIA GRAY

(Name of Person)

JULIA GRAY LTD. INC.

(Firm/Company)

979 THIRD AVE.

(Address)

NEW YORK, NY 10022

(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 16 PM 4:54

Should you need to call someone concerning this matter, please call:

JULIA GRAY

(Name of Person)

at (212) 223-4454

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien 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.

1. JULIA GRAY LTD. INC.

(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.)

2. NEW YORK

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

3. 13-3393163

(FEI number, if applicable)

4. 1-13-87

(Date of incorporation)

5. P

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

6. SOMETIME IN THE YEAR 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. \_\_\_\_\_

979 THIRD AVE. NY NY 10022

(Current mailing address)

8. TO SELL HOME FURNISHINGS

(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: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

, Florida, 33324

(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.*

Jennifer Morgia  
(Registered agent's signature)  
Jennifer Morgia, Asst. Secy.

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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 16 PM 4:54

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: JULIA GRAZIANO

Address: 212 NO. MOUNTAIN ROAD, MONTCLAIR, NJ 07042

Vice President: \_\_\_\_\_

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

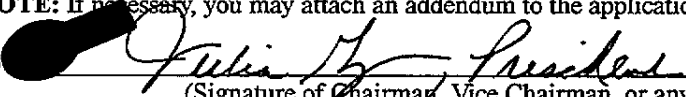
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JULIA GRAZIANO, PRESIDENT  
(Typed or printed name and capacity of person signing application)

**State of New York } ss:  
Department of State**

*I hereby certify, that the Certificate of Incorporation of JULIA GRAY LTD. was filed on 01/13/1987, 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.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 16 PM 4:54



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 28th day of April  
two thousand.

Special Deputy Secretary of State