Folo0000 3135

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor		
SUBJ			
SUDJ	EC1:	THE KOGER COMPANY INC. (Name of corporation - must include suffix)	
		(Name of corporation must metade surfax)	
Dear S	ir or Madam:		
"Certif	closed "Applicat icate of Existenc sact business in I	tion by Foreign Corporation for Authorization to Transact Business in Florida", ce", and check are submitted to register the above referenced foreign corporation Florida.	
Please	return all corresp	pondence concerning this matter to the following:	
JC	SEPH_KOENIGS	SBERGER	
		(Name of Person)	
TH	E KOGER COMP	PANY INC.	
		(Firm/Company)	
63	5-637 MORRIS	S PARK AVENUE	
		(Address)	
BR	ONX NY 10460		
		(City/State and Zip code)	
		500004367795 -06/06-01069	9
For fur	ther information	concerning this matter, please call: *******()()() ******	70.00
J0	SEPH KOENTGS		
	(Name of Perso	on) (Area Code & Daytime Telephone Number)	
		MAILING ADDRESS: Registration Section Division of Corporations	
	ET ADDRESS: ration Section	MAILING ADDRESS:	<u> </u>
-	on of Corporation	Registration Section Division of Corporations	•
	Gaines St.	P.O. Box 6327	
Tallaha	assee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314	
Enclos	ed is a check for	the following amount:	
图 \$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	

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.	THE	KOGER COMPANY INC.
	(Name of co	rporation; must include the word "INCORPOR ATED" "COMPANY" "CORPOR ATEON"
	WOLGS OF ADI	providuous of like hillport in language as will clearly indicate that it is a corporation instead of a
	natural perso	on or partnership if not so contained in the name at present.)
_		
2.		YORK 3. 13-2725112
	(State or cor	untry under the law of which it is incorporated) (FEI number, if applicable)
4.	MAR	CH 28. 1972 5. PERDETIME
		TONEDI OAD
	Ì	Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	UPO	N QUALIFICATION
	(Date first tra	insacted 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.	635	637 MORRIS PARK AVENUE BRONX NY 10460
		(Principal office address)
	635-	637 MORRIS PARK AVENUE BRONX NY 19460
		(Current mailing address)
		(and the same same same same same same same sam
8.	WHOI	ESALE CIGARETTES
	(Purpo	se(s) of corporation authorized in home state or country to be carried out in state of Florida)
o	Name and	strent address of Filmid
٠.	rame and	street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptante)
	Name:	LUIS BELTRAN
	rumo.	
Of	fice Address	s: 1051 BUENAVENTURA BLVD
		SO 6
		KISSIMMEE ,, Florida 34743
		7.7.7.
		(City) (Zip code) FOR N
10.	Registered	d agent's acceptance:
Ha	ving been n	amed as registered agent and to accept service of process for the above stated corporation at the place
des	ignated in t	this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
1668	mer agree c	to comply with the provisions of all statutes relative to the proper and complete performence of the
dui	ties, and I a	m familiar with and accept the obligations of my position as registered agent.
		1
		P(12th
		dus 1211
		(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. DIRECT	TORS	
Chairman:		
Address:		
		
Vice Chairman	10:	
Address:		
Director:		
Address:		
Iddi(003.		<u></u>
		
Director:		
Address:		
3. OFFICE	RS	
resident:	JOSEPH KOENIGSBERGER	
	635-637 MORRIS PARK AVENUE	
ice President:	BRONX NY 10460	
	#0 \$	77
ddress:	SSE 6	<u>-:</u> _
,		T
ecretary:	LORA 2	ر.
ddress:	DA OS	
reasurer:		
ddress:		
OTE: If nec	ecessary, you may attach an addendum to the application listing additional officers and/or directors.	
3		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
4	JOSEPH KOENIGSBERGER (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 THE KOGER COMPANY, INC. was filed on 03/28/1972, 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 23rd day of May two thousand and one.

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Special Deputy Secretary of State