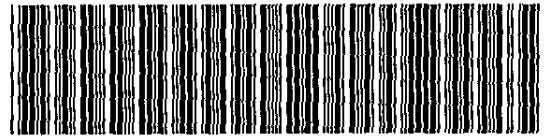


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(Requestor's Name)

Alan M. Kapson Esq.
219-49 Jamaica Avenue
Queens Village, N.Y. 11428

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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03 MAY 22 PM 2:22

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MBM SALES CORP.
(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:

ALAN KAPSON

(Name of Person)

MBM Sales Corp.

(Firm/Company)

219-49 JAMAICA AVE.

(Address)

Queens Village, NY 11428

(City/State and Zip code)

For further information concerning this matter, please call:

Alan Kapson

(Name of Person)

at (718) 454-3100

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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JULY 22 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MBM SALES CORP.
(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. 11-3614190
(FEI number, if applicable)
4. 7/18/02
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 4/28/04
(Date first transacted 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. 214-49 JAMAICA Ave., Queens Village, NY 11428
(Principal office address)
214-49 JAMAICA Ave., Queens Village, NY 11428
(Current mailing address)
8. General Business Purposes
(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: Robert Kaplan
Office Address: 7933 Eastlake Dr. Bldg 18-G
Boca Raton, Florida 33433
(City) (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.

X Robert Kaplan
(Registered agent's signature) ROBERT KAPLAN

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. DIRECTORS

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Chairman:

Alan Kaplan

03 MAY 22 PM 2:22

Address:

219-49 Jamaica Ave
Queens Village, NY 11428CLERK OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman:

Same as Above

Address:

Director:

Same as Above

Address:

Director:

Address:

B. OFFICERS

President:

Alan Kaplan

Address:

219-49 Jamaica Ave
Queens Village, NY 11428

Vice President:

Same as Above

Address:

Secretary:

Same as Above

Address:

Treasurer:

Same as Above

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.

ALAN KAPLAN

(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

FILED
03 MAY 22 PM 2:

I hereby certify, that the Certificate of Incorporation of MBM SALES CORP. was filed on 06/14/2001, 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of May
two thousand and three.*

A handwritten signature in dark ink, appearing to read "R. A. DeS."

Secretary of State