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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			-	
SUBJECT: 7 OCEAN		ration - must include suffix)		
Dear Sir or Madam:		·		
	", and check are submitted	for Authorization to Transa to register the above referen		
Please return all correspondent	ondence concerning this m	atter to the following:		
Andrew L. Mann, Es	q.			
	(Nan	ne of Person)		
Mann & Wolf, LLP				
	(Firm	n/Company)		
4300 N. University I	Dr., Suite C-203			
	(,	Address)		
Sunrise, FL 33351				
	(City/Si	tate and Zip code)		
For further information concerning this matter, please call:				SECRE JUN 04 JUN
Andrew L. Mann, Esq	. at (954	₎ 572.9944		F C
(Name of Perso	n) (A	rea Code & Daytime Teleph	one Number)	SECRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION
Registration Section Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314		กับ 2 หร		
Enclosed is a check for t	he following amount:			
1 \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy		f Status &

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.

(If name unava	nilable in Florida, enter alternate corporate n	ame adopted for the purpose of transacting business in Flo.	rida)
NEW YORK	•	3. 20-0693255	
	y under the law of which it is incorporated)	(FEI number, if applicable)	· ·
MAY 16, 20	003	5. PERPETUAL	
	ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetu	al")
UPON QUA	LIFICATION		
	sacted business in Florida. If corporation ha	s not transacted business in Florida, insert "upon qualificat 1501, 607.1502 and 817.155, F.S.)	ion.")
5110 111TI	H STREET, 3RD FLOOR, CORONA,	NY 11368	
	' (Principal office	address)	
5110 111TF	H STREET, 3RD FLOOR, CORONA,	NY 11368	
	(Current mailing	address)	
JANITORIA	L SERVICES		
		or country to be carried out in state of Florida)	
(Purpose	e(s) of corporation authorized in home state	or country to be carried out in state of Florida) nt: (P.O. Box or Mail Drop Box NOT acceptable)	
(Purpose	e(s) of corporation authorized in home state reet address of Florida registered age	•	L 70
(Purpose	e(s) of corporation authorized in home state reet address of Florida registered age Mann & Wolf, LLP	nt: (P.O. Box or Mail Drop Box NOT acceptable)	NUC 40
(Purpose Name and st	reet address of Florida registered age Mann & Wolf, LLP	nt: (P.O. Box or Mail Drop Box NOT acceptable)	04 JUN -9
(Purpose Name and st Name:	e(s) of corporation authorized in home state reet address of Florida registered age Mann & Wolf, LLP	nt: (P.O. Box or Mail Drop Box NOT acceptable)	04 JUN -9 AM
(Purpose Name and st Name:	e(s) of corporation authorized in home state reet address of Florida registered age Mann & Wolf, LLP 4300 N. University Dr., Suite C-2	nt: (P.O. Box or Mail Drop Box NOT acceptable)	04 JUN -9 AMII:
(Purpose Name and st Name: ffice Address:	e(s) of corporation authorized in home state or reet address of Florida registered age: Mann & Wolf, LLP 4300 N. University Dr., Suite C-2 Sunrise (City)	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	04 JUN -9 AMII: 34
(Purpose Name and st Name: ffice Address:	e(s) of corporation authorized in home state reet address of Florida registered age: Mann & Wolf, LLP 4300 N. University Dr., Suite C-2 Sunrise (City) agent's acceptance:	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	04 JUN - 9 AM 11: 34 the pla
Name and st Name: Name: ffice Address: Name: Registered aving been na	mann & Wolf, LLP 4300 N. University Dr., Suite C-2 Sunrise (City) agent's acceptance: med as registered agent and to accept shis application, I hereby accept the appo	nt: (P.O. Box or Mail Drop Box NOT acceptable) 103 , Florida 33351	the pla capacit
Name and st Name: Name: ffice Address: Registered aving been naving been that the arree to	mann & Wolf, LLP 4300 N. University Dr., Suite C-2 Sunrise (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appointment of all status	nt: (P.O. Box or Mail Drop Box NOT acceptable) 103 , Florida 33351	the pla capacit
(Purpose Name and st Name: Office Address: O. Registered Laving been na esignated in the arther agree to	mann & Wolf, LLP 4300 N. University Dr., Suite C-2 Sunrise (City) agent's acceptance: med as registered agent and to accept shis application, I hereby accept the appo	nt: (P.O. Box or Mail Drop Box NOT acceptable) 103 , Florida 33351	the pla capacit
Purpose Name and st Name: Office Address: O. Registered Laving been na esignated in the arther agree to	mann & Wolf, LLP 4300 N. University Dr., Suite C-2 Sunrise (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appointment of all status	nt: (P.O. Box or Mail Drop Box NOT acceptable) 103 , Florida 33351	the pla capacit
(Purpose Name and st Name: Office Address: O. Registered Having been na designated in the	mann & Wolf, LLP 4300 N. University Dr., Suite C-2 Sunrise (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appointment of all status	nt: (P.O. Box or Mail Drop Box NOT acceptable) 103 , Florida 33351	the pla capacit

- 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. DIKE	CIONS		
Chairman:	REGINALD PORTO		·
Address: 2	351 WHITE OAK COURT, EAST ELMHURST, NY 11370		
vice Chairn	nan:		
Address: _			
_			
Director: R	REGINALD PORTO		 .
Address: 2	2351 WHITE OAK COURT, EAST ELMHURST, NY 11370		
Director			
			
Address: _			
_			
B. OFFIC	CERS		
President:	REGINALD PORTO		
Address: 2	351 WHITE OAK COURT, EAST ELMHURST, NY 11370		
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		Ē	오유
	ent:	-0	227 227 227
Address: _		Ē	OF STATIONS
_		=) 독본
Secretary:	REGINALD PORTO	<u>ည</u>	<u> </u>
Address: 2	2351 WHITE OAK COURT, EAST ELMHURST, NY 11370		
Treasurer:	REGINALD PORTO		
	2351 WHITE OAK COURT, EAST ELMHURST, NY 11370		
Address			
NOTE: If	f necessary you may attach an addendum to the application listing additional officers and/or directors.		
13			
	(Signature of Director or Officer listed in number 12 of the application)		
14. PRE	SIDENT		
,	(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 7 OCEAN GROUP INC. was filed on 05/16/2003, 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.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 01st day of June two thousand and four.

Secretary of State

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