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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rella Products, 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:

Lawrence A. Levine, Esq.

(Name of Person)

Levine Segaul & Barrios, P.A.

(Firm/Company)

Suite A-106, 4300 N. University Drive

(Address)

Fort Lauderdale, FL 33351

(City/State and Zip code)

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For further information concerning this matter, please call:

Lawrence A. Levine

(Name of Person)

at (954) 749-6705

(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.*

1. Rella Products, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey

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

3. 22-2330600

(FEI number, if applicable)

4. 9/25/80

(Date of incorporation)

5. Perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5310 N. 37th Street, Hollywood FL 33021

(Principal office address)

5310 N. 37th Street, Hollywood FL 33021

(Current mailing address)

8. Lawful 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 NOT acceptable)

Name: Lawrence A. Levine, Esq.

Office Address: Suite A-106 4300 N. University Drive

Fort Lauderdale

(City)

, Florida William Rella

(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)

Lawrence A. Levine

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:

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A. DIRECTORS

Chairman: William Rella

Address: 5310 N. 37th Street

Hollywood, FL 33021

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Rella

Address: 5310 N. 37th Street

Hollywood, FL 33021

Vice President: _____

Address: _____

Secretary: William Rella

Address: same as above

Treasurer: William Rella

Address: same as above

NOTE: If 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. William Rella

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

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RELLA PRODUCTS, INC.
100122484

*I, the Treasurer of the State of New Jersey, do
hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on September 25, 1980.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

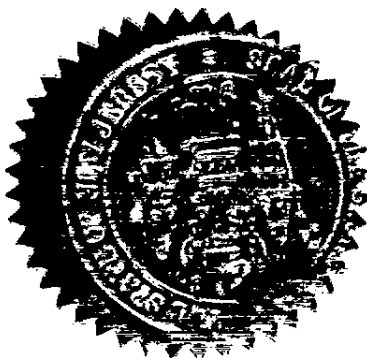
William Rella
120 Brighton Rd.
Clifton, NJ 07012 0000

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RELLA PRODUCTS, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
17th day of June, 2004

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA
State Treasurer

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