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	(Request	or's Name)	
	(Address)	· · · · · · · · · · · · · · · · · · ·	
	(Address))	
	(City/Stat	e/Zip/Phone i	¥)
PICK-UF	, [WAIT	MAIL
	(Business	s Entity Name	e)
Certified Copies		nt Number) Certificates	of Status
Special Instructions	to Filing	Officer:	
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170 must be active entitle Certificate

TRANSMITTAL LETTER

TO: Registration Section Division of Corpora		•	
SUBJECT:	NEW ER	A TRANS I	WC
	(Name of corpor	ration - must include suffix)	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," transact business in Florida	and check are submitted		
Please return all correspond	lence concerning this ma	atter to the following:	
TEV	KRAIEM		
	(Nam	e of Person)	
NEW	ERA TRAN	3 INC	
		/Company)	
33s0	LAWSON	1 BLUD	
	(/	Address)	
OCEANS	DE N.Y	11572	
	(City/St	ate and Zip code)	
For further information cor	-		2005 MAR 23 SECRETARY ALLAHASSE
(Name of Person)	at (5)	76) 897-67 rea Code & Daytime Teleph	
(Name of Ferson)	(A	rea code de Dayumo Fotepi	none Number) 7 2: 00
STREET ADDRI		MAILING A	DDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations			
409 E. Gaines St. P.O. Box 6327		27	
Tallahassee, FL 3	2399	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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 15, 2005

ZEV KRAIEM NEW ERA TRANS INC 3350 LAWSON BLVD OEANSIDE, NY 11572

SUBJECT: NEW ERA TRANS INC Ref. Number: W05000007840

We have received your document for NEW ERA TRANS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 005A00010580

Diane Cushing Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

3. 200244979

(FEI number, if applicable) 9-13-03

(Date of incorporation)

5. Will CRASE TO EXIST

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) LAWGON BLUD OCEANSIDE N.Y (Principal office address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

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:

	CTORS
hairman:	TES KRAIEM
ıddress: _	3350 LAWGON BUD
L	CEANSIDE NEW YORK 11572
ice Chain	nan:
\ddress: _	
~	
Director: _	
Director: _	
- B. OFFIC	TEDC
.ddress: _	ALL SEC
_	조금 · · · · · · · · · · · · · · · · · · ·
	% R 2
\ddress: _	
-	
Secretary:	
Address: _	
Freasurer:	
Address: _	
NOTE: I	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	(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 NEW ERA TRANS INC. was filed on 09/11/2003, 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 an existing corporation.

NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of March two thousand and five.

200503100164 38

2005 MAR 23 P 2: 00 SECRETARY OF STATE