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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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DIVISION OF CORPORATIONS

FOREIGN PROFIT QUALIFICATION

NIMHAM REALTY CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**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. NIMHAM REALTY CORP.

(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 YORK

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

3. 08-1587799

(FBI number, if applicable)

4. 7/3/2000

(Date of incorporation)

5. PERPETUAL

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

6. UPON FILING

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 356 NIMHAM RD., CARMEL, NY 10512

(Principal office address)

SAME AS THE ABOVE

(Current mailing address)

8. REAL ESTATE

(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: **BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**

Office Address: **4435 OLD WINTER GARDEN RD**

ORLANDO, Florida **32811**

(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.


JOSE MONCA, ASST. SECY.

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: _____

Address: _____

Vice Chairman: MICHAEL ROBILOTTA

Address: 356 NIMHAM RD., CARMEL, NY 10512

Director: TODD NEWMAN

Address: 1 HAYLEY HILL DR., CARMEL, NY 10512

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL ROBILOTTA

Address: 356 NIMHAM RD., CARMEL, NY 10512

Vice President: TODD NEWMAN

Address: 1 HAYLEY HILL DR., CARMEL, NY 10512

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. TODD NEWMAN, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NIMHAM REALTY CORP. was filed on 07/03/2000, 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.



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

Secretary of State

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