F08000002228/

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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04/17/09--01033--017 **70.00

05/20/08--01010--001 **575.00



108 30137

COVER LETTER

	Filing Sect sion of Corp		:				
SUBJECT:	:	East	Coast	ASSE	EM BLEK	INC.	
						st include suffi	x)
Dear Sir or N	/ladam:						
	of Existence	," and cl					sact Business in Florida," renced foreign corporation to
Please return	all correspo	ondence	concernin	g this m	atter to the	following:	
		Gle	enn (Schn	eider	n)	
	<u> </u>	East	Coast	Assi	em <u>bler</u> n/Company	S III C.	
				(Firn	n/Company))	
	658	6 Hy	polux	o Kd	Suit	67 (code)	
		. /	•	(.	Address)		
	Lak	u w	orth.	F/	334	67	
				(City/S	tate and Zip	code)	
For further in	nformation o	oncerni	ng this ma	tter, ple	ase call:		
Glenn	2 Schr	eide	- ,	ıt (73	32 , 9	715-5500	
(Na	me of Perso	n)		(A	rea Code &	Daytime Tele	phone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle				MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Talla	ahassee, FL	32301					
Enclosed is a	check for t	he follov	wing amou	ınt:			
\$70.00 Fil	ling Fee [75 Filing l tificate of			5 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status of Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2008

GLENN SCHNEIDER 6586 HYPOLUXO RD, SUITE 145 LAKE WORTH, FL 33467

SUBJECT: EAST COAST ASSEMBLERS INC.

Ref. Number: W08000022737

We have received your document for EAST COAST ASSEMBLERS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Based on the information you have provided and in accordance with s.607.1502(4), 608.502(4) or 617.1502(4), F.S., this office will reduce the civil penalty of \$1,000 per year to \$500 per year for each year this entity transacted business or conducted its affairs in Florida prior to qualification. Therefore, the total amount due to cover both annual report/uniform business report and penalty fees is \$575.00.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 708A00028920



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2008

GLENN SCHNEIDER 6586 HYPOLUXO RD SUITE 145 LAKE WORTH, FL 33467

SUBJECT: EAST COAST ASSEMBLERS INC.

Ref. Number: W08000019621

We have received your document for EAST COAST ASSEMBLERS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 the corrected original and one copy of 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) 245-6962.

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. East Coast Assemblers 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)
4. Nov 5th 2003
(Date of incorporation)

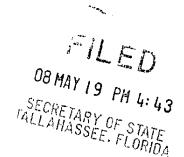
5. Perpedual
(Duration: Year corp. will cease to exist or "perpetual"). MARCH 7th 2007
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9229 Via Elegante Wellington Fl 33411 (Principal office address) Hypoluxo R.D. Srite 145 Lake Worth Fl 33467
(Current mailing address) Assemble bicycles, grills, fitness Equipment and other recreational (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: 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. (Registered agent's signature)

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. DIRECTO	•	
Chairman:	Glenn Schneider	
Address:	6586 Hyplaxo Rd Suite 145 Lake Worth	F1 33467
Vice Chairman:	n: <u>Glenn Schneider</u>	
Address:		- WOAR FI 33467
	Glenn Schneider	
Address:	6586 Hypoluxo Rd Sint 145 Lake Wor	14 FT 33467
Director:	Glenn Schneider	
Address:	6586 Hypoluno Rd Snitu 145 et	۷,
B. OFFICER	RS	
President:	Glenn Schneider	
Address:		lordb F1 33467
Vice President:	: Clenn Schneider	
Address:	_ /	7A S.
Secretary:	Glenn Schneider	OR HAY I
Address:		SSE SSE
	Glenn Schneider	TI 97 TK (1997)
Address:	Same	ORITATE OR
		A
NOTE: If nec	ecessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
13.	Han la Mu	
	(Signature of Director or Officer listed in number 12 of the application	•
14	Glenn Schneider Preside	
	(Typed or printed name and capacity of person signing application))

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING



EAST COAST ASSEMBLERS CORPORATION

0400041869

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 November 4, 2003.

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:

Glenn Schneider 1560 Laurel Ct. P.O. Box 371 Manasquan, NJ 08736



Certification# 111980871

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of May, 2008

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp