(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Sferra Bros	td
	rporation - must include suffix)
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," ted to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
Genrae	Plas teras
	lame of Person)
Sterra Brost	td
(F)	im/Company)
15 Maytie	ld Ave
T-1'- 1	(Address)
Edison, 1VJ	/State and Zip code)
(City	visiate and Zip code)
For further information concerning this matter, p	please call:
•	
George Plasteras at (7	732) 225-6290
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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. SFERRA BROS. LTD. 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 Telsey (State or country under the law of which it is incorporated) 4. 12/1990 (Date of incorporation) 5. Del petval (Duration: Year corp. will cease to exist or "perpetual")		
(Date of incorporation) (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) 7. IS May Field Avenue Edison, NT 08837 (Principal office address) PO Box 6690 Edison, NT 08818		
8. Retail Sales Fine Bed Linens (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	10 1	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: InCorp Services, Inc. Office Address: 17888 67th Court North Loxahatchee, Florida 33470 (City) (Zip code)	MY 24 PH 1:2	LINE AS LINE STATES THE STATES OF THE STATES
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac further agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	city. I	P. S.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	工 芝檀
A. DIRECTORS	3
Chairman:	<u> </u>
Address:	
Vice Chairman:	.2
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	-
President: Paul J Hooken	
Address: 402 Beacon Blvd Sea Girt, NJ 08750	
Vice President: Steven Schneider.	
Address: 36 Branson Drive, Lincoft, NJ 07738	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you men attach an addendum to the application listing additional officers and/or direct	tors.
13	
(Signature of Director or Officer listed in number 12 of the application)	
14. STEVEN SCHNEIDER, EXEC. VP (Typed or printed name and capacity of person signing application)	<u></u>

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

SFERRA BROS. LTD. 0100470387

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 December 17, 1990.

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 the registered agent and registered office are:

Paul J Hooker 15 Mayfield Ave Edison, NJ 08837 0000

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Certificate Number: 116814164

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of April, 2010

Andrew P Sidamon-Eristoff
State Treasurer