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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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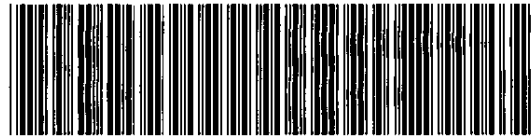
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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10 JUL 12 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1A

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HAROLD LEVINSON ASSOCIATES, 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," or "Certificate of Good Standing" 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:

DOUG KAYE

Name of Person

HAROLD LEVINSON ASSOCIATES, INC.

Firm/Company

21 BANFI PLAZA

Address

FARMINGDALE, NY 11735

City/State and Zip code

DKAYE@HLADISTRIBUTORS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUG KAYE

Name of Person

at (631) 962-2400

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. HAROLD LEVINSON ASSOCIATES, 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 YORK

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

3. 11-2350757

(FEI number, if applicable)

4. 04/04/1975

(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. 21 BANFI PLAZA FARMINGDALE, NY 11735

(Principal office address)

21 BANFI PLAZA FARMINGDALE, NY 11735

(Current mailing address)

8. Sale of tobacco products at wholesale through interstate commerce

(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: Corporation Service Company

Office Address: 1201 Hays Street

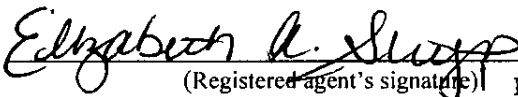
Tallahassee, Florida 32301

(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.



(Registered agent's signature)

Elizabeth A. Stryz, Assistant VP

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.

10 JUL 12 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: EDWARD BERRO

Address: 21 BANFI PLAZA FARMINGDALE, NY 11735

Vice Chairman: _____

Address: _____

Director: RITA BERRO

Address: 21 BANFI PLAZA FARMINGDALE, NY 11735

Director: BARRY FELDMAN

Address: 21 BANFI PLAZA FARMINGDALE, NY 11735

B. OFFICERS

President: EDWARD BERRO

Address: 21 BANFI PLAZA FARMINGDALE, NY 11735

Vice President: BARRY FELDMAN

Address: 21 BANFI PLAZA FARMINGDALE, NY 11735

21 BANFI PLAZA FARMINGDALE, NY 11735

Secretary: RITA BERRO

Address: 21 BANFI PLAZA FARMINGDALE, NY 11735

Treasurer: RITA BERRO

Address: 21 BANFI PLAZA FARMINGDALE, NY 11735

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. _____

Barry Feldman

Vice President

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

**State of New York
Department of State } ss:**

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AND
FILED

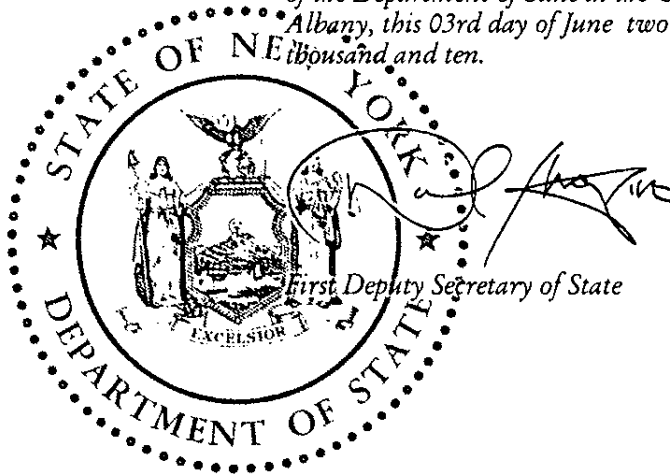
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of HAROLD LEVINSON ASSOCIATES, INC. was filed on 04/04/1975, 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.

The Biennial Statement is past due.

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of June two
thousand and ten.



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