

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
SPEC 4 International Inc.

Certificate of Status	0
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11 SEP 16 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



September 15, 2011

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Division of Corporations

SUBJECT: SPEC 4 INTERNATIONAL INC.  
REF: W11000047731

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

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.

Please correct number 5 on the application.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000224574  
Letter Number: 711A00021403

**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. SPEC 4 INTERNATIONAL 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. 11-3190289

(FEI number, if applicable)

4. 12/7/93

(Date of incorporation)

5. Perpetual

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

6. 5/27/11

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 24 Woodbine Avenue, Northport, NY 11788

(Principal office address)

24 Woodbine Avenue, Northport, NY 11788

(Current mailing address)

8. Manufacturers Representatives to the US Military Exchanges

(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: 515 East Park Ave

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)

Zeina Hassoun, Assistant Secretary

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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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**A. DIRECTORS**Chairman: Michael SullivanAddress: 24 Woodbine Ave, suite #17, Northport, NY 11768Vice Chairman: Michael SullivanAddress: 24 Woodbine Ave, suite #17, Northport, NY 11768Director: Michael SullivanAddress: 24 Woodbine Ave, suite #17, Northport, NY 11768

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Michael SullivanAddress: 24 Woodbine Ave, suite #17, Northport, NY 11768Vice President: Michael SullivanAddress: 24 Woodbine Ave, suite #17, Northport, NY 11768Secretary: Michael SullivanAddress: 24 Woodbine Ave, suite #17, Northport, NY 11768Treasurer: Michael SullivanAddress: 24 Woodbine Ave, suite #17, Northport, NY 11768

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. Michael Sullivan, President

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

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

I hereby certify, that the Certificate of Incorporation of SPEC 4 INTERNATIONAL INC. was filed on 12/07/1993, 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. I further certify the following:

A Biennial Statement was filed 12/27/1995.  
A Biennial Statement was filed 01/22/1998.  
A Biennial Statement was filed 02/23/2000.  
A Biennial Statement was filed 03/13/2002.  
A Biennial Statement was filed 12/03/2003.  
A Biennial Statement was filed 06/21/2007.  
A Biennial Statement was filed 12/19/2007.  
A Biennial Statement was filed 12/15/2009.

I further certify, that no other documents have been filed by such Corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 08th day of September  
two thousand and eleven.*

Daniel Shapiro  
First Deputy Secretary of State

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