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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

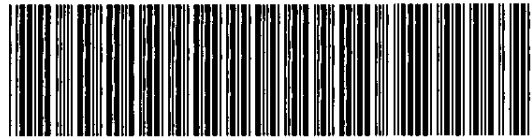
(Document Number)

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Special Instructions to Filing Officer:

~~WH-61926~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UNIVERSAL MARINE MEDICAL SUPPLY 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:

Arnold Schaffer

Name of Person

AK Schaffer CPA, P.C.

Firm/Company

100 North Centre Avenue Suite 203

Address

Rockville Centre, NY 11570

City/State and Zip code

amie@akschaffer.net

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

For further information concerning this matter, please call:

Arnold Schaffer

Name of Person

at (516) 764-4647

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2011

ARNOLD SCHAFFER
AK SCHAFFER CPA, P.C.
100 NORTH CENTRE AVENUE SUITE 203
ROCKVILLE CENTRE, NY 11570

SUBJECT: UNIVERSAL MARINE MEDICAL SUPPLY INC.
Ref. Number: W11000061926

We have received your document for UNIVERSAL MARINE MEDICAL SUPPLY 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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 name and title of the person signing the document must be noted beneath or opposite the signature.

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: 911A00027658

**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. UNIVERSAL MARINE MEDICAL SUPPLY 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. 11-2987192

(FEI number, if applicable)

4. 02/02/1989

(Date of incorporation)

5. Perpetual

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

6. APRIL 2011

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

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

7. 5824 12TH AVENUE, BROOKLYN, NEW YORK 11219

(Principal office address)

5824 12TH AVENUE, BROOKLYN, NEW YORK 11219

(Current mailing address)

8. MEDICAL SUPPLIES

(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: BARBARA GOLGIO ESQ.

Office Address: 3500 GALT OCEAN DRIVE APT#1617

FT. LAUDERDALE

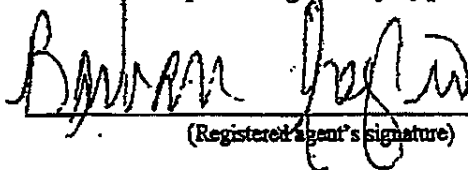
(City)

, Florida 33308

(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)

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MR. JULES NASSO SR.

Address: 2 WAKEFIELD ROAD
STATEN ISLAND, NY 10312

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JULES NASSO JR.

Address: 2 WAKEFIELD ROAD
STATEN ISLAND, NY 10312

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. _____

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

State of New York
Department of State

} ss:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of UNIVERSAL MARINE MEDICAL SUPPLY, INC. was filed on 02/02/1989, 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 15th day of December two
thousand and eleven.

A handwritten signature in dark ink, appearing to read "Neil A. ...", is written over a faint circular stamp.

First Deputy Secretary of State