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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only

NO COST



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COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: Barocas Corp. | |
| Name of corporation | - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business | ding" and check are submitted to register the |
| Please return all correspondence concerning this matter | to the following: |
| Morris Sabbagh, Esq. | |
| Name of 1 | Person |
| Vishnick McGovern Milizio LLP | |
| Firm/Com | pany |
| 3000 Marcus Avenue, Suite 1E9 | |
| Addre | ess |
| Lake Success, NY 11042 | |
| City/State at | nd Zip code |
| msabbagh@vmmlegal.com | |
| E-mail address: (to be used f | or future annual report notification) |
| For further information concerning this matter, please c | all: |
| Morris Sabbagh, Esq. at (516 | ₎ 437-4385 |
| | 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 \$\times \text{Certificate of Status}\$ | \$78.75 Filing Fee & Sertified Copy Certified Copy \$87.50 Filing Fee, Certified Copy Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| 1. Barocas Cor | D. | | MAR |
|---|--|--|---|
| (Enter name of | corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION," | R 26 PH 3: |
| (If name unavai | lable in Florida, enter alternate corporate name | adopted for the purpose of transacting b | usinessin Elerida) |
| New York | 3. | | |
| (State or country | under the law of which it is incorporated) | (FEI number, if applica | ble) |
| Eebruary 29 | 9 , 2012 5. | Perpetual | |
| (Date | e of incorporation) | (Duration: Year corp. will cease to ex | ist or "perpetual") |
| 5. <u>n/a</u> | | 22 12 12 | |
| | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | |
| 1874 East | 12th Street, Brooklyn, NY 112 | 29 | |
| | (Principal office add | | |
| c/o Carol N | Mezrahi, 1874 East 12th Stre | eet, Brooklyn, NY 11229 | |
| | (Current mailing add | | |
| 0 15 | | 1.1 | |
| | artner of Florida Limited Partr s) of corporation authorized in home state or co | • | <u>, , , , , , , , , , , , , , , , , , , </u> |
| (Furpose(| s) of corporation authorized in nome state or ec | ountry to be carried out in state of Florida | 1) |
| . Name and stree | et address of Florida registered agent: (P.C | D. Box NOT acceptable) | |
| Name: | Maureen Healey Kennon, P. | <u>A.</u> | |
| Office Address: | 7900 West Glades Road, Ste 3 | 00_ | |
| | Boca Raton | , Florida 33434 | |
| | (City) | (Zip code) | |
| Having been nam Jesignated in this Jurther agree to c | gent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appointn comply with the provisions of all statutes r r with and accept the obligations of my po | nent as registered agent and agree to elative to the proper and complete po | act in this capacity. |
| | (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. Name's and business addresses of officers and/or directors: A. DIRECTORS Chairman: Rose Barocas Address: 300 Three Islands Boulevard Hallandale, FL 33009 Vice Chairman: Address: ____ Director: Address: Director: Address: __ **B. OFFICERS** President: Carol Mezrahi Address: 1874 East 12th Street Brooklyn, NY 11229 Vice President: Carol Mezrahi Address: 1874 East 12th Street Brooklyn, NY 11229 Secretary: Carol Mezrahi Address: 1874 East 12th Street, Brooklyn, NY 11229 Treasurer: Carol Mezrahi Address: 1874 East 12th Street, Brooklyn, NY 11229 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Carol Mezrahi, 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 BAROCAS CORP. was filed on 02/29/2012, 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 March two thousand and twelve.

First Deputy Secretary of State