F/200000/658

(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: ComplETED "DATE OF						
INCORPORATION" TO MATCH NEW STERSEY CERTIFICATE						
NEW JERSEY CERTIFICATE						
TC 04/18/12						



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SECRETARY OF STATE
TALLAHASSEE, FLORID

Office Use Only

N 04/18/12

COVER LETTER

TO: New Filing Section Division of Corporations							
SUBJECT: EPOly	Conponod	10 N					
•	Name of corporat	tion - must include suffix					
Dear Sir or Madam:							
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good S	tanding" and check are subr					
Please return all correspondence of							
Anthony J.	Milonal	/ .					
MAPRO J	Name	of/Person					
Elohy Corpor	us tro N	or erson					
	Firm/C	Company					
PO Box 9949	Vaples FL.	34101, OR					
4506 Mercha		and the second s	34104				
TONY M @ Epo	14 CURPIC address: (to be us	ed for future annual report n	otification)				
For further information concernin							
Anthony J. Miles	arsleyat (60	9 <u>932-775</u> ea Code & Daytime Telepho	one Number				
STREET/COURIER AI	DDRESS:	MAILING A					
New Filing Section		New Filing Sec					
Division of Corporations Clifton Building		P.O. Box 6327	-				
2661 Executive Center Ci	ircle	Tallahassee, F	•				
Enclosed is a check for the follow	ing amount:						
	75 Filing Fee & ificate of Status	\$78.75 Filing Fee & Certified Copy	587.50 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. E-Poy Corporation (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New Jensey

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

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

(FEI number, if applicable)

(Date of incorporation)

5. Perpetus L

(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) 4506 Merchantle AVE Maples FL 34104

(Principal office address)

P.O.Box 1120 UNElova NJ. 08362

(Current mailing address) (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: Office Address: 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.

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 busines	is addicases of officers and	or uncelors.	•		
A. DIRECTORS	•		•		
Chairman:		·			
Address:					
Vice Chairman:					
Address:	·····				
·					•
	•				≥:: 12
D'araban					
					3. J F
Address:					
<u> </u>	<u> </u>				
B. OFFICERS		1			24 RIDA
President: No.	hory Milror	shy -	41.		
Address: 450	hory Milisa b Mercantil	e Ave	Noples	4L 3L	1104
		· 	· 	·	
Vice President:	: Lie Borbe	<u> </u>	•		
Address: 450	LIP BAIDE	e AUE	Apples	FL 3	4104
			· 		
Secretary:					
•					
			···		
	•				
NOTE: If necessary, y	ou may attach an addendum	•		nal officers and	or directors.
13. 1 xno f	Signatu	re of Director	or Officer		
	signing this document (and v	who is listed in	number 12 above		
third degree felony as p	he is aware that false inform rovided for in s.817.155, F.	S.	•	,	n or state constitutes
14. Austron	Typed or printed name an	Ky:			
•	(Typed or printed name an	d capacity of p	erson signing app	ication)	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

E-POLY CORPORATION

0100753990

With the Previous or Alternate Name

PHOENIX PINELANDS COMMUNICATIONS CORPORATION (Previous Name)

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 August 6, 1998.

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 that the registered agent and registered office are:

Anthony J Milcarsky 226 118th Street Stone Harbor, NJ 08247 0025

CREAT SEAL SEAL SO STATE OF SEAL SO STATE OF SEAL MAN SO SEAL MAN

Certification# 124579635

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of April, 2012

Andrew P Sidamon-Fristoff

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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Short Market of STATE