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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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13 AUG -9 AM II: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

~ 08/14/13

COVER LETTER

TO:	New Filing So Division of C				
	DHE	-	AS INC	_	
SUBJ	ECT: NOL	BIN SYSTEN		on - must include suffix	
		name o	or corporatio	on - must merade sarrix	
Dear S	ir or Madam:				
"Certif	icate of Exister		of Good Sta	or Authorization to Transa anding" and check are sub ness in Florida.	
Please	return all corre	spondence concerni	ng this matt	er to the following:	
IDA	NIA FER	NANDEZ, L	EGAL	ASSISTANT	
		· · · · · · · · · · · · · · · · · · ·	Name o	···	
WE	ISBURD,	EISEN & P	OSSE	NTI, P.A.	
			Firm/Co		
275	1 EXECL	JTIVE PARK	CDRIV	E, SUITE 104	
			Add	ress	
WE.	STON, F	LORIDA 33	331		
	<u> </u>			and Zip code	
HOV	VARDRU	BIN@GMAIL.	.COM		
		E-mail address	: (to be used	for future annual report	notification)
For fur	ther information	on concerning this m	atter, please	e call:	
<u>IDA</u>	NIA FER	NANDEZ	_{at (} 954	₎ 473-0500	
	Name of Pers	son	Area	Code & Daytime Teleph	one Number
			S:	MAILING A	
For further information concerning this matter, please IDANIA FERNANDEZ Name of Person Area STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		New Filing Section Division of Corporations			
				P.O. Box 632	
	2661 Executiva Tallahassee, I			Tallahassee, F	FL 32314
Enclos	ed is a check for	or the following amo	ount:		
= \$70	0.00 Filing Fee	S78.75 Filing Certificate o		□ \$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.

	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"			
				_	
(If name unavaila	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in	Florida)	_	
NEW YO	W YORK 3. 06-1066919			_	
•	under the law of which it is incorporated)	(FEI number, if applicable)			
JUNE 19, 1989		5. PERPETUAL			
•	of incorporation) UALIFICATION	(Duration: Year corp. will cease to exist or "per	petual")		
	(SEE SECTIONS 607.1501 & 60	oss in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability) 17.1604, MIAMI, FLORIDA 33133		-	
•	(Principal office			-	
2627 S. B.	AYSHORE DRIVE, #2504	4, MIAMI, FLORIDA 33133		_	
	(Current mailing	address)			
ANY ANI	ALL LAWFUL BUSINE	ESS		_	
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)	₹		
. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	ALC SEC	ᅜ	621
Name:	HOWARD RUBIN		AHAS	AUG -	27% 21%
office Address:	2627 S. BAYSHORE DRIVE	#2504	3386 3386	9	F244
	MIAMI	, Florida 33133	, FLI		1
	(City)	(Zip code)	ATE DRID	15:	A7.
Taving been nam		ervice of process for the above stated corporati intment as registered agent and agree to act in			7

(Registered agent's signature)

duties, and I am familiar with and accept the Ibligations 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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: _____ Director: Address: _ Director: **B. OFFICERS** President: HOWARD RUBIN Address: 2627 S. BAYSHORE DRIVE #2504 MIAMI, FLORIDA 33133 Vice President: Susma Rua, N Address: 2627 S. Bayshoee Dave #2504 FLORIDA 33133 Miami **HOWARD RUBIN** Address: 2627 S. BAYSHORE DRIVE #2504, MIAMI, FLORIDA 33133 Treasurer: _ 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. **HOWARD RUBIN**

(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 RUBIN SYSTEMS, INC. was filed on 06/19/1989, 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 06th day of August two thousand and thirteen.

Anthony Giardina
Executive Deputy Secretary of State

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