

(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:						

Office Use Only



500256980565

03/13/14--01025--004 **87.50

TAMAR 13 AM 11: 57
SECRITARY OF STATE

CAPUTO LAW GROUP, PLLC 6700 BAYOU GRANDE BLVD. NE SAINT PETERSBURG, FL 33702

3/11/2014

To:

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From:

Caputo Law Group, PLLC 6700 Bayou Grande Blvd. NE Saint Petersburg, FL 33702

RE:

URGENT REQUEST FOR PROCESSING FLORIDA REGISTRATION APPLICATION 585 North Avenue, Corp (A New York Corporation)

To whom it may concern,

I represent the above referenced corporation. This is a formal request to expeditiously register the above referenced foreign corporation. Please find enclosed the application, the original certification of existence from the State of New York, a check in the amount of \$87.50 for the filing fee, certificate of status & certified copy, and an prepaid return FedEx envelope for expeditious return of the same. Should you have any questions or concerns or need any additional information please contact myself as soon as possible at 727-422-1607 or at deaputo@caputolawgroup.com.

Kind regards,

Darlen Caputo, Esq.

COVER LETTER

	lew Filing Section			
SUBJEC	_{T:} 585 North Aven	ue, Cor	p.	
	Name of	corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir o	or Madam:			
"Certifica	sed "Application by Foreign Cor te of Existence," or "Certificate of erenced foreign corporation to tra	of Good Star	ding" and check are sub	
	urn all correspondence concernin	g this matter	to the following:	
Darre	n Caputo, Esq.			
•		Name of	Person	
Capu	to Law Group, PLL			
0700	Davis Out of Div	Firm/Com	pany	
6/00	Bayou Grande Blv		· · · · · · · · · · · · · · · · · · ·	
Saint	Petersburg 33702-	Addre -4728	ess	
····		City/State a	nd Zip code	
dcapu	to@caputolawgroup.			
	E-mail address:	(to be used t	or future annual report n	otification)
For furthe	r information concerning this ma	tter, please o	all:	
Darre	n Caputo	.,727	422-1607	
N	Jame of Person) Code & Daytime Telepho	one Number
N D C 20	TREET/COURIER ADDRESS: ew Filing Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301	:	MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed	is a check for the following amou	ınt:		
570.00	Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of 585 NORTH AVENUE, CORP. was filed on 12/01/1995, 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.



14 MAR. 13 AM II: 57 SECKETARY OF STATE TALLAHASSEE FLORID

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of March two thousand and fourteen.

Litting Sicidina

Executive Deputy Secretary of State

From: (850) 245-6052 New Filing Section Florida Division of Corporations Clifton Building 2661 Executive Center Circle TALLAHASSEE, FL 32301

Origin ID: TLHA

Fedex.



J141014020703uN

BILL SENDER

SHIP TO: (727) 422-1607

Darren Caputo Caputo Law Group, PLLC 6700 Bayou Grande Blvd. NE

Saint Petersburg, FL 33702

Ship Date: 11MAR14 ActWgt: 0.2 LB CAD: 106274085/INET3490

Delivery Address Bar Code



Ref#

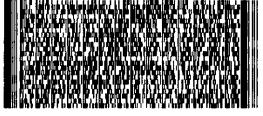
565 North Avenue, Corp

RMA #: Return Reason:

TRK# 7959 0736 2965

RETURNS MON-FRI PRIORITY OVERNIGHT

> 33702 FL-US







522G1/CC4F/F220

- 1. Select the 'Print' button to print 1 copy of each label.
- 2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
- 3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

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.

(Enter name of co	n Avenue, Corp. orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"	-	
The 585	North Avenue, Corp.				
(If name unavaila	hle in Florida, enter alternate corporate nan	ne	adopted for the purpose of transacting business in Florida)	-	
2 New York	(3	13-3868672		
~· —————	under the law of which it is incorporated)	٠,	(FEI number, if applicable)	-	
, 12/1/1995			Perpetual		
(Date	of incorporation)	٥.	(Duration: Year corp. will cease to exist or "perpetual")	-	
6 Not Appli	cable				
· -	(Date first transacted business	s ii	r Florida, if prior to registration)	-	
80 Woodl	and Avenue, New Roch		502, F.S., to determine penalty liability)		
7. 00 VVOOdii	(Principal office a			-	
4909 Mea	dow Lane, Macungie, PA		•		
	(Current mailing a			-	
	-				
	al act or activity provided			•	
(Purpose(s	of corporation authorized in home state or	CO	ountry to be carried out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					
Name:	Darren Caputo, Esq.		LO AR	14 HAR	ور برانده
	6700 Bayou Grande Blvd. NE			70	
Office Address:				>	, 4
	Saint Petersburg		, Florida 33702	エ	ť
	(City)		(Zíp code)	HIII: 5	
10. Registered ag	ent's acceptance:		Om >	7	
			ice of process for the above stated corporation at the		
			ment as registered agent and agree to act in this cap relative to the proper and complete performance of t		1
	amiliar with and accept the obligation			<i>y</i>	
	,				

(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. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Joseph P. Pugliese			
Address: 4909 Meadow Lane			
Macungie, PA 18062			
Vice Chairman: Michele A. Pugliese		 	· · · · · · · · · · · · · · · · · · ·
Address: 80 Woodland Avenue			
New Rochelle, NY 10805			
Director:	<u></u>		
Address:			
Director:			
Address:		<u></u>	
		<u></u> ,	
B. OFFICERS	ZAT S	<u></u>	
President: Joseph P. Pugliese	EC.	<u> </u>	<u>.</u>
Address: 4909 Meadow Ln	H 7.5	70 	ة
Macungie, PA 18062	Sh	3	i.
Vice President: Arlete Pugliese	F [0	=	li,
Address: 4909 Meadow Ln	RIE RIE	57	
Macungie, PA 18062			
Secretary: Arlete Pugliese			
Address: 4909 Meadow Ln, Macungie, PA 18062			
Treasurer: Joseph P. Pugliese			
Address: 4909 Meadow Ln, Macungie, PA 18062			
NOTE: If necessary, you may attach an addendum to the application listing additional officers at	nd/or directors		
13. Joseph C. Pupliese			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Departm a third degree felony as provided for in s.817.155, F.S. Joseph P. Pugliese, President			

585 North Avenue Corp. Addendum Additional Officers and/or Directors

Mariana Pugliese – Vice President 4909 Meadow Lane Macungie, PA 18062

Michael J. Pugliese – Vice President 4909 Meadow Lane Macungie, PA 18062

Michele A. Pugliese – Vice President 80 Woodland Avenue New Rochelle, NY 10805