

F/400000/369

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

1/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Draxxhall Management Corporation

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:

John Bogdanich

Name of Person

Draxxhall Management Corporation

Firm/Company

145 Huguenot Street, Suite 300A

Address

New Rochelle, NY 10801

City/State and Zip code

jbogdanich@rugbyrealty.com

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

For further information concerning this matter, please call:

Joel Cohn

at (**914**) **633-3666 Ext 11**

Name of Person

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

**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.*

Draxxhall Management Corporation

1. _____
(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. DE 3. 27-5387148
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/3/2011 5. "perpetual"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 145 Huguenot Street, New Rochelle, NY 10801
(Principal office address)
- 145 Huguenot Street, New Rochelle, NY 10801
(Current mailing address)

8. Real Estate Management
(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)

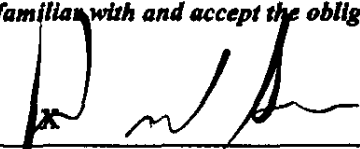
Name: Daniel Stauber

Office Address: 777 Lakeview Drive

Miami, Florida 33140
(City) (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.

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DIVISION OF CORPORATE REGISTRATION

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

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: Aaron Stauber

Address: 145 Huguenot Street, Suite 300A, New Rochelle, NY 10801

Address: _____

B. OFFICERS

President: Aaron Stauber

Address: 145 Huguenot Street, Suite 300A, New Rochelle, NY 10801

Address: _____

Vice President: Maurice Ades

Address: 145 Huguenot Street, Suite 300A, New Rochelle, NY 10801

Address: _____

Secretary: Robert Ades

Address: 145 Huguenot Street, Suite 300A, New Rochelle, NY 10801

Address: _____

Treasurer: Joel Cohn

Address: 145 Huguenot Street, Suite 300A, New Rochelle, NY 10801

Address: _____

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

13. X _____

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. JOEL COHN Treasurer

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

**State of New York
Department of State } ss:**

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I hereby certify, that DRAXXHALL MANAGEMENT CORPORATION a DELAWARE corporation, filed an Application for Authority to do business in the State of New York on 06/13/2011. I further certify that so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 06th day of March two
thousand and fourteen.*

Anthony Giardina

Executive Deputy Secretary of State