

F140000003467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

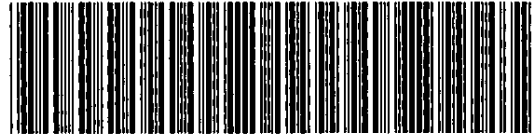
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Joseph W Curvino Inc

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:

Paul E Forsythe III CPA

Name of Person

Paul E Forsythe III CPA

Firm/Company

PO Box 242

Address

Haworth, NJ 07641-0242

City/State and Zip code

paul@forsythe-cpa.com

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

For further information concerning this matter, please call:

Paul E Forsythe

Name of Person

at (201) 387-8230

Area Code & Daytime Telephone Number

X 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.*

1. Joseph W Curvino Inc

(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. New Jersey

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

3. 22-1817819

(FEL number, if applicable)

4. 10/14/1966

(Date of incorporation)

5. Perpetual

(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. 3041 Cedar Trce, Tarpon Springs, FL 34688-8528

(Principal office address)

431 Center Street, Fort Lee, NJ 07024-2612

(Current mailing address)

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11/11/2014 11:09:07

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Joseph W Curvino

Office Address: 3041 Cedar Trce

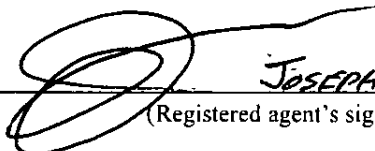
Tarpon, Florida 34688

(City)

(Zip code)

9. 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.


JOSEPH W. CURVINO
(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: Joseph W Curvino

Address: 3041 Cedar Trce
Tarpon Springs, FL 34688-8528

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: Ed Connors

Address: 431 Center Street
Fort Lee, NJ 07024-2612

Director: Eva Curvino

Address: 431 Center Street
Fort Lee, NJ 07024-2612

Director: _____

Address: _____

B. OFFICERS

President: Ed Connors

Address: 431 Center Street
Fort Lee, NJ 07024-2612

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Eva Curvino

Address: 431 Center Street, Fort Lee, NJ 07024-2612

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

12. 
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.

13. Eva Curvino, Treasurer

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

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AND
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JOS. W. CURVINO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5137450000

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 October 14, 1966.

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:

*Joseph W Curvino
431 Center St
Fort Lee N J, NJ 07024 0000*



Certification# 133142097

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
7th day of August, 2014*

*Andrew P Sidamon-Eristoff
State Treasurer*

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