

F15000001600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

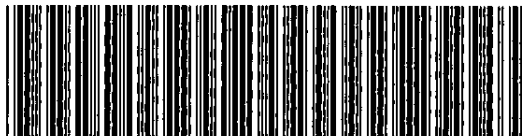
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/15--01024--009 **70.00

15 APR 15 AM 9:02

15 APR 15 AM 9:02

WIK-25709

YMD 4/16

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Geritrex Corp

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:

Ricardo Medina

Name of Person

Geritrex Corp

Firm/Company

144 Kingsbridge Road East

Address

Mt. Vernon, NY 10550

City/State and Zip code

rmedina@geritrex.com

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

For further information concerning this matter, please call:

Anthony Madaio

Name of Person

at (914) 668-4003

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

RICARDO MEDINA
GERITREX CORP
144 KINGSBRIDGE ROAD EAST
MT.VERNON, NY 10550

SUBJECT: GERITREX CORP.
Ref. Number: W15000025709

We have received your document for GERITREX CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The document must contain both the street address of the principal office and the mailing address of the entity.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$2,7500.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 115A00007334



QUALITY GENERIC PRODUCTS, NOT GENERIC SOLUTIONS.

ATTN: Mary Anne Dickey
State of Florida
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

15 APR 15 AM 9:02
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

Dear Ms. Dickey,

We recently learned that our application was returned because of a question regarding our own date of new business with the State of Florida. We made an error and included the Date of November 1, 2000 on line six (6) thinking it would reflect the business that our registered agent may have conducted. In fact, line six (6) should read N/A - since Geritrex will not conduct new business with the State of Florida until after this application is approved.

We are including the original application with this letter as required so that the application may be reconsidered for approval. We understand that your office holds the original check made for processing payment and that the same will be applied to our account upon approval.

Please let us know ASAP via e-mail (rmedina@geritrex.com) so that we can share this information with the Florida Department of Drugs, Devices and Cosmetics where we have another application pending approval. We understand that both of these activities must be completed prior to conducting new business in the State of Florida.

Best Regards,

Ricardo Medina

**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. **Geritrex Corp.**

(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 York**

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

3. **133428053**

(FEI number, if applicable)

4. **November 1, 1978**

(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. **144 Kingsbridge Road East**

(Principal office address)

MT. VERNON, NY 10550

(Current mailing address)

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

Name: **Northwest Registered Agent, LLC**

Office Address: **3030 N. Rocky Point Dr, STE 150A**

Tampa

(City)

Florida 33607

(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.



(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.

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

A. DIRECTORS

Chairman: See below

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Anthony Madaio

Address: 27 Desmond Avenue
Bronxville, NY 10708

Vice President: Betsy Madaio

Address: 27 Desmond Avenue
Bronxville, NY 10708

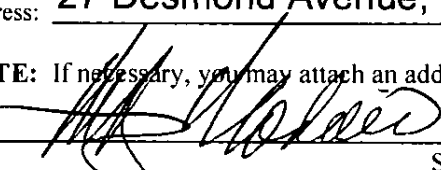
Secretary: Betsy Madaio

Address: 27 Desmond Avenue, Bronxville, NY 10708

Treasurer: Anthony Madaio

Address: 27 Desmond Avenue, Bronxville, NY 10708

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. Anthony Madaio

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

State of New York
Department of State } ss:

15 APR 15 AM 10:22

I hereby certify, that the Certificate of Incorporation of GERITREX CORP. was filed on 08/03/1987, 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 07th day of April two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State