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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150001510583)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emmil	Address:			
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FOREIGN PROFIT/NONPROFIT CORPORATION CLIFFCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

JUN 22 2015

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: New Filing Sec Division of Cor				
SUBJECT: Cliffee	, inc.			
	Name of corporat	ion - must include suffix	*****	
Dear Sir or Madam:				
"Certificate of Existence	tion by Foreign Corporation te," or "Certificate of Good S in corporation to transact bus	Standing" and check are sub	ct Business in Florida," mitted to register the	
Please return all corres	ondence concerning this ma	ater to the following:		
Christopher Clifford				
	Name	of Person		
Cliffeo, Inc.				
	Firm/C	Company	·	
1048 Old Country Road				
	Ac	idress		
Westbury/ NY 11590				
	City/Stat	te and Zip code		
chris@eliffcomortgage.co				
	E-mail address: (to be us	ed for future annual report r	notification)	
For further information	concerning this matter, pleas	se call:		
Christopher ClitTard		408-7300 ext 104		
Name of Perso		ea Code & Daytime Teleph	one Number	
STREET/COUNTY Filing Sec Division of County Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle	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	S78.73 Filing Fee & Certified Copy	S87.50 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.

(If name unavailable in	r Fforida, enter alternate corporate name ad-	opted for the pur	rpose of transacting bu	siness in Florida)	
2. New York			-		
(State or country und	er the law of which it is incorporated)	(FEI number, if applica	ble)	
4. 10/20/2000	5 .	Perse	tual		
(Date of in	corporation) 5.	Duration: Year	corp. will cease to exis	t or "perpetual")	
6					
-	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	forida, if prior to 2, F.S., to determ	o registration) nine penalty liability)		
7. 1048 Old Country Roa				. —	
	(Principal office address	3)		三 三 三 円	5
1048 Old Country Ros	nd Westbury NY 11590	_		× 3	
	(Current mailing address	(5)		77.77	MUL
8. Name and street add	dress of Florida registered agent: (P.O.	Box <u>NOT</u> acc	eptable)	SSE	19
Name:	NRAI Services, Inc.	_			*
Office Address:	1200 South Pine Island Road			COR	7: 5
	Plantation	Florida	33324	<u> </u>	-
<u></u>	(City)	, Florida	(Zip code)	***	
designated in this appoint further agree to comp	s registered agent and to accept service lication, I hereby accept the appointnu ly with the provisions of all statutes rel liar with and accept the obligations of	ent us registere lative to the pro my position us	ed agent and ageve to oper and complete p	o act in this cupu	ichy. I

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.

FLUIN on 1" 2014 We Dan Klauer Cinbra

	····
11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: N/A	
Address:	
Vice Chairman:	
Address:	··
	<u>.</u>
Director:	
Address:	
Director:	<u> </u>
Address:	
B, OFFICERS	
President: Caristopher Clifford	. —
1048 Old Country Road	F. 5.
Westbury NY 11590	
Vice President: Mary Perrucci	SSA -
Address:	m
Westbury NY 11590	
Secretary:	<u> </u>
Address:	<u>→ </u>
Treasurer;	
Address:	
NOTE: If recessory you may need added during to the application listing additional officers and	d/or directors.
Signature of Director or Officer	-
The officer or director signiff, this document (and who is listed in number 12 above) affirms that if are true and that he or she is aware that false information submitted in a document to the Department a third degree follows as provided for in s.817.155, F.S.	he facts stated herein out of State constitutes
13. Christopher Clifford (President)	
(Typed or printed name and capacity of person signing application)	

State of New York Department of State | Stat

I hereby certify, that the Certificate of Incorporation of CLIFFCO, INC. was filed on 07/20/1989, 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.



201506180013 * EZ

Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of June two thousand and fifteen.

Anthony Gardina
Executive Deputy Secretary of State

SECRETARY OF STATE