

F1500000 3410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

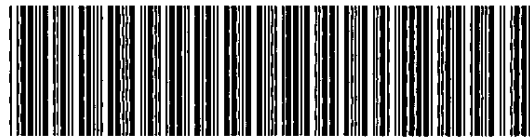
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200274067252

06/18/15--01013--009 **78.75

RECEIVED

15 JUL 28 PM 3:23

ATTORNEY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 JUL 28 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
N.J.S.N. Holdings, Inc.

SUBJECT: _____
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:

Name of Person
N.J.S.N. Holdings, Inc.

Firm/Company
8710 W Hillsborough Ave. Ste. 110 Tampa, FL 33615

Address
P.O. Box 80275 Staten Island, NY 10308

City/State and Zip code
globalwideserv@aol.com

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

For further information concerning this matter, please call:

Peter Sturnialo 347 884-0213

Name of Person at () Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2015

PETER STURNIALO
P.O. BOX 80275
STATEN ISLAND, NY 10308

SUBJECT: N.J.S.N. HOLDINGS, INC
Ref. Number: W15000043736

FILED
15 JUL 28 AM 10:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA

We have received your document for N.J.S.N. HOLDINGS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00014613



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2015

PETER STURNIALO
P.O. BOX 80275
STATEN ISLAND, NY 10308

SUBJECT: N.J.S.N. HOLDINGS, INC
Ref. Number: W15000043736

FILED
15 JUL 28 AM 10:00
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

We have received your document for N.J.S.N. HOLDINGS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00013378

**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.*

N.J.S.N. Holdings, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
New York

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
March, 2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
8710 W Hillsborough Ave. Ste.#110 Tampa, Fl. 33615

7. _____
(Principal office address)
P.O. Box 80275 Staten Island, NY 10308

(Current mailing address, if different)

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

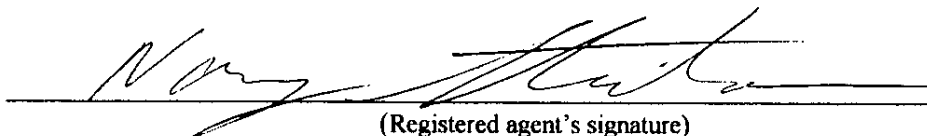
Name: _____
Nancy Sturnialo
8710 W Hillsborough Ave. Ste.#110

Office Address: _____
Tampa _____, Florida _____
(City) (Zip code)

FILED
15 JUL 28 AM 10:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Peter Sturnialo

President: _____

8710 W Hillsborough Ave. Ste.#110

Address: _____

Tampa, Fl. 33615

Nick Lucci

Vice President: _____

8710 W Hillsborough Ave. Ste. #110

Address: _____

Tampa, Fl. 33615

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
15 JUL 28 AM 10:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

12. *Peter Sturnialo* 7/6/15

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

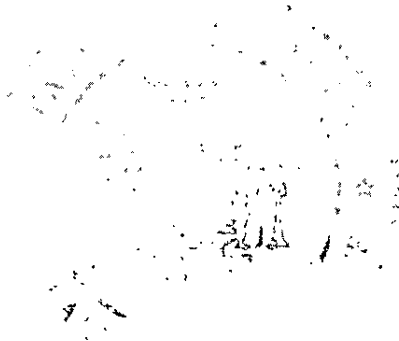
Peter Sturnialo

13. _____

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of N.J.S.N. HOLDINGS, INC. was filed on 02/04/2014, 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 21st day of July two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State