

F-15000004701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

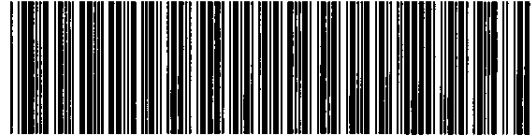
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2015

S. YOUNG

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMROSE ART 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:

Robin Barth

Name of Person

Emrose Art Corporation

Firm/Company

~~15468 to Boynton Beach Blvd~~

7611 San Carlos Street

Address

Boynton Beach Florida 33437

City/State and Zip code

callback @ EACGALLERY.COM

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

For further information concerning this matter, please call:

Robin Barth

Name of Person

at

516-987-7989

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

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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. EMROSE ART CORPORATION

(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

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

3. _____

(FEI number, if applicable)

4. 1/14/1970

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 7611 San Carlos St Boynton Beach FL 33437

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____

(Principal office address)

P.O. Box 2190 New Hyde Park NY 11040

(Current mailing address)

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

Name:

Robin Barth

Office Address:

~~7611 San Carlos St Boynton Beach FL~~ 7611 San Carlos St

Boynton Beach

(City)

Florida

33437

(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.

Robin Barth

(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.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EMROSE ART CORPORATION was filed on 01/14/1970, 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.



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TALAMASSET, FLORIDA

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

Anthony Giardina

Executive Deputy Secretary of State

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

A. DIRECTORS

Chairman: Larry Rosenbaum
 Address: PO Box 2190
New Hyde Park NY 11040

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Larry Rosenbaum
 Address: PO Box 2190
New Hyde Park NY 11040

Vice President: Robin Barth

Address: PO Box 2190
New Hyde Park NY 11040

Secretary: Robin Barth PO Box 2190

Address: New Hyde Park NY 11040

Treasurer: Robin Barth

Address: PO Box 2190 New Hyde Park NY 11040

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 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.

13. Robin Barth, VP Robin Barth

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

Credit Card/Debit Card Authorization

Attach this form to your document or written request.



(Clears all text entry fields)

The Name of Corporation or Other Business Entity To Which This Service Request

Applies is: EMROSE ART CORPORATION

Check Box for Requested Service:

Fill in Fee or Amount:

| | |
|--|-------|
| <input type="checkbox"/> FILING OF DOCUMENTS AND CERTIFICATES (Consult appropriate fee schedule for filing fees) | \$ |
| <input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> *Same-Day-\$75 <input type="checkbox"/> **2-Hour-\$150 | \$ |
| <input type="checkbox"/> CERTIFIED COPY (The fee for each certified copy is \$10.) | \$ |
| <input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> *Same-Day-\$75 <input type="checkbox"/> **2-Hour-\$150 | \$ |
| <input type="checkbox"/> PLAIN COPY (The fee for each plain copy is \$5.) | \$ |
| <input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> *Same-Day-\$75 <input type="checkbox"/> **2-Hour-\$150 | \$ |
| <input checked="" type="checkbox"/> CERTIFICATE UNDER SEAL (Certificates of Good Standing, etc. The fee for each certificate is \$25.) | \$ 25 |
| <input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <input checked="" type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> *Same-Day-\$75 <input type="checkbox"/> **2-Hour-\$150 | \$ 25 |
| <input type="checkbox"/> SERVICE OF PROCESS (Must be served in person at the above address) | \$ |
| <input type="checkbox"/> BIENNIAL / FIVE YEAR STATEMENT | \$ |
| <input type="checkbox"/> OTHER | \$ |
| <input type="checkbox"/> DEPOSIT TO DRAWDOWN | \$ |

Account Name:

TOTAL (Total Amount Due): \$ 50

Account Number:

*Same day expedited service requests must be received by 12 noon.

**2-hour expedited service requests must be received by 2:30 p.m.

Expedited service fees are non-refundable and will not be refunded if a filing is rejected.

Credit/Debit Card Information:

☒ MasterCard ☐ Visa ☐ American Express

Credit Card Number: 54 37 0004 ~~8888~~ ~~9999~~ 6028 0614

Expiration Date (Month and Year): 02/18

Name as it Appears on Credit Card or Debit Card (Print): Robin L Barth

Cardholder's Billing Address (As listed with Credit Card or Debit Card Company): ~~PO Box 1199~~ 7611 San Carlos Street

Boynton Beach

City: ~~New Hope Park~~ State: FL Zip Code+4: ~~11111~~ 33484

Cardholder's Signature: Robin Barth Date: 8/13/15

If the name on the credit card or debit card is in the name of a corporation or other business entity, please print the signer's name:

Daytime telephone number: 516 365-0600 Fax number: —

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