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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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TO: Registration Section				
Division of Corporations	S			
N. Y. LEY REALT	Y CORP			
SUBJECT:				
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Stan	ding" and check are su		
Please return all correspondence Maximo Figueredo	concerning this matter	to the following:		
	Name of	Person		
N. Y. LEY REALTY CORP.				
45 19 Carred Carrera Carita 400	Firm/Com	pany		
45-18 Court Square, Suite 400			_ 1	
	Addre	ess	LEC SEC	
Long Island City, N Y 11101			5 NOV CRET	,
			COLD TO THE PERSON NAMED IN COLUMN T	
City/State and Zip code			i	
mfigui@aol.com				£
E-mai	l address: (to be used f	or future annual repor	t notification)	(
For further information concerni	ng this matter, please o	all:	Bei E	
Max Figueredo	718	424-2839		
Wan I igueloue	at ()		
Name of Person	Area Cod	e Daytime Tele	phone Number	_
STREET/COURIER A	DDRESS:	MAILING.	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL 32301				
Enclosed is a check for the follow	wing amount:			
■ \$70.00 Filing Fee □ \$78	.75 Filing Fee &	\$78.75 Filing Fee &	□ \$87.50 Filin	
	rtificate of Status	Certified Copy	Certificate Certified C	

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. Y. Ley Realty Corp. 1. (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) 11-3092029 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) February 2, 2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 45-18 Court Square, Suite 400, Long Island City, NY 11101 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Maximo Figueredo Name: 14560 Meravi Drive Office Address: **Bonita Springs** (City)

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. Name	s and business addresses of officers and/or directors:				
	CTORS , Maximo Figueredo				
	34-47 80th Street, Jackson Heights, NY 11372				
Address: _					<u></u>
Vian Chair					
	man:				
Address: _					
_					
Director:					
Address: _					
-					.
Director:					
Address: _					
_					
B. OFFI	Maximo Figueredo				,
3	4-47 80th Street, Jackson Heights, NY 11372	TAL	2015		
Address: _		AHR AHR	NOV	71	-
-		ASS ASS	1		
Vice Presid	lent:	-4: 	<u>-6</u> →	m	•
Address: _		<u> </u>	- =		
-		<u> </u>	_		
Secretary:			· · · · · ·		
Address: _					
Treasurer:					
Address: _					
NOTE: I	f necessary, you may attach an addendum to the application listing additional offic	ers and	or dire	ectors.	
12.	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms				
The office	Signature of Director or Officer or or director signature of Director or Officer above) affirms	s that th	e facts	stated he	erein
are true ai	nd that he or she is aware that false information submitted in a document to the De				
	gree felony as provided for in s.817.155, F.S.				
13	MAXIMO FIGUERELO (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.Y. LEY REALTY CORP. was filed on 01/09/1992, 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. I further certify the following:

A Biennial Statement was filed 01/20/1994.

A Biennial Statement was filed 03/16/2006.

A Biennial Statement was filed 01/22/2008.

A Biennial Statement was filed 06/25/2012.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of October two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State

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