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Division of Corporations

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Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

Email Address:

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FOREIGN PROFIT/NONPROFIT CORPORATION

Northeast Petroleum Corp.

Certificate of Status	1_
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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	Filing Section			·	
SUBJECT:	Northea	ast Petrole	eum Co	orp.	
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Dear Sir or M	ladam:				
"Certificate of	f Existence," (by Foreign Corp or "Certificate o rporation to trai	f Good Star	Authorization to Transading" and check are subsing In Florida.	ct Business in Florida," mitted to register the
Please return	all correspond	ence concerning	g this matte	to the following:	
Sal Abe	casis				
_	_		Name of	Person	
Alistate	Corpora	te Service	es Corp),	_
			Firm/Com	pany	
1222 A	∕enue M	Suite 30	1		
			Addre	:83	
Brookly	n, NY 11	230			
			City/State a	nd Zip code	
sal@acs	123.com				
	E	-mail address: (to be used i	or future annual report r	otification)
For further in	formation con-	cerning this mat	ter, please o	a)l:	
Naomi (Ostopow	itz .	(800	, 906-9220	
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New : Divis Clifto 2661	EET/COURIE Filing Section ion of Corpora on Building Executive Cen hassee, FL 32	itor Circle		MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F.	ction rporations
Enclosed is a	check for the	following amou	nt:		
□ \$70.00 Fil	ing Fee 🗎	\$78.75 Filing I Certificate of		\$78.75 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

(Enter name of c	orporation; must include "INCORPORATED," orporation; "Co," or "Corp.")	" "COMPANY," "CORPORATIO	ON,"	
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Flo	rida)
_{2.} Delaware)			
(State or country	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
_{4.} Decembe	er 11, 2015	PERPETUAL		
(Date	of incorporation)	(Duration: Year corp. will cease	to exist or "perpeti	ıal")
6				
	(Date first transacted business in	Plorida, if prior to registration)		
SS NEW L	(SEE SECTIONS 607.1501 & 607.15 HYDE PARK ROAD, SUITI			: 20
7,0014241	(Principal office add		11,111 113	200
66 NFW H	YDE PARK ROAD, SUITE	· •	/ NIV 11530	1
	(Current mailing add			<u></u>
FUEL SU	IPPLIER		20	
(Purpose(s) of corporation authorized in home state or co	untry to be carried out in state of F	_ * * * * * * * * * * * * * * * * * * *	-11
9. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	HAZ PEC	
Name:	Registered Agent Solutions, I	nc.	ARY ASSE	S-4-4
Office Address:	155 Office Plaza Dr., Suite	e A	OF S	
	Tallahassee	, Florida 32301	OR C	
	(City)	(Zip code)	ŶŒ,	
10. Registered as	zent'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)

11. 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.

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

A. DIRECTORS	
Chairman: JENNIFER RICE	
Address: 66 NEW HYDE PARK ROAD, SUITE 204	
GARDEN CITY, NY 11530	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	20 Cm
B. OFFICERS	OFCC PRETU
President: JENNIFER RICE	25 - F
Address: 66 NEW HYDE PARK ROAD, SUITE 204	OF A
GARDEN CITY, NY 11530	STAT
Vice President:	0 0
Address;	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
2.	
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	

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

a third degree felony as provided for in s.817.155, P.S.

14. JENNIFER RICE, President

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "NORTHEAST DETROLEUM CORP." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE FIFTMENTH DAY OF DECEMBER, A.D.
2015.

AND I DO REREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHEAST

PETROLEUM CORP." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAKES HAVE BEEN PAID TO DATE.

allue at core delaware.cov/aut

Authentication: 10618008

Date: 12-15-15

5905636 8300 SR# 20151355778

You may verify this comfineste online at corp.delaware.gov/suthver.shtml