

# File 0000000079

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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2016 JAN -4 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 07 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE MERRAINE GROUP, INC.

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:  
STEPHEN N. BRODER

	Name of Person
STEPHEN N. BRODER CPA ,LLC	
	Firm/Company
604 SOCIETY HILL BLVD	
	Address
CHERRY HILL, NJ 08003	
	City/State and Zip code
steveb5165@aol.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

STEPHEN N BRODER	856	751-5552	
Name of Person	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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. THE MERRAINE GROUP, INC.

(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)  
NEW YORK STATE

2. APRIL 24, 2001  
(State or country under the law of which it is incorporated)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. JUNE 1, 2015  
(Date of incorporation)

5. \_\_\_\_\_  
(Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
2654 SE WILLOUGHBY BLVD, STUART, FL 34993

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

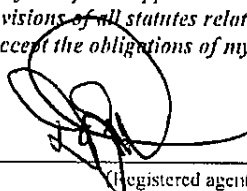
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MR. DAVID GANTSJAR  
1262A NW SUN TERRACE CIRCLE

Office Address: PORT ST. LUCIE, Florida 34986  
(City) (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.*

✓   
(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

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: MEREDITH GANTSHAR

Address: 1262A NW SUN TERRACE CIRCLE

PORT ST LUCIE, FL 34986

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: DAVID GANTSHAR

1262A NW SUN TERRACE CIRCLE

Address: PORT ST. LUCIE, FL 34986

Vice President: BARBARA RATNER GANTSHAR

34/15 NACHAL EIN GEDI

Address: BET SHEMESIL, ISRAEL 99640

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: STEPHEN N BRODER

604 SOCIETY HILL BLVD

Address: CHERRY HILL, NJ 08003

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.

DAVID GANTSHAR, PRESIDENT

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 THE MERRAINE GROUP INC. was filed on 04/24/2001, 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.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 16th day of December two  
thousand and fifteen.*

*Anthony Scardino*

Executive Deputy Secretary of State