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Division of Corporations

**Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

**From:**

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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

Email Address: notices@vcorp-services.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
CAPITAL REALTY GROUP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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# 2/ 5



February 23, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: CAPITAL REALTY GROUP INC.  
REF: W16000013158

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P01000073763.

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

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P.O BOX 6327 - Tallahassee, Florida 32314

# 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.

CAPITAL REALTY GROUP INC.

1. CAPITAL REALTY GROUP INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
FL Capital Realty Group Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 5/14/2004 5. \_\_\_\_\_  
(Date of incorporation) (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)
7. 86 E RT 59, SPRING VALLEY, NEW YORK, 10977  
(Principal office address)  
  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Vcorp Services, LLC  
Office Address: 5011 South State Road 7, Suite 106  
Davie, Florida 33314  
(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.

FILED  
 2016 FEB 23 A 10:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: MOSHE EICHLER, President

Address: 86 E RT 59, SPRING VALLEY, NEW YORK, 10977

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: MOSHE EICHLER, President

Address: 86 E RT 59, SPRING VALLEY, NEW YORK, 10977

Vice President: Sam Horowitz, Vice President

Address: 86 E Route 59, Spring Valley, NY 10977

Secretary:

Address:

Treasurer:

Address:

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. MOSHE EICHLER, President

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

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2016 FEB 23 A 10:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**State of New York  
Department of State } ss:**

*I hereby certify, that the Certificate of Incorporation of CAPITAL REALTY GROUP INC. was filed on 05/14/2004, 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 05/30/2006.*

*A Biennial Statement was filed 11/30/2011.*

*A Biennial Statement was filed 07/10/2012.*

*A Biennial Statement was filed 01/04/2016.*

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



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 04th day of January  
two thousand and sixteen.*

*Anthony Ciardina*

Anthony Ciardina  
Executive Deputy Secretary of State