

F1600000/429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

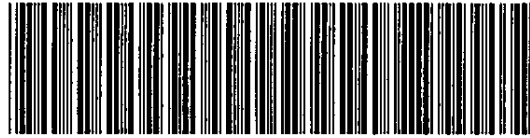
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2016 MAR 25 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/25/16--01036--012 **87.50

K. SALY
EXAMINER
MAR 28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-APPLIANCE RECYCLING 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:

MABEL VALLADARES

Name of Person
MABEL'S TAX SERVICE INC
Firm/Company
P O BOX 613
Address
PENNSAUKEN NJ 08109
City/State and Zip code
MABELVALL@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MABEL VALLADARES	856	964-6100
Name of Person	at ()	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:

- \$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.

E-APPLIANCE RECYCLING CORPORATION

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)

2. NEW JERSEY 3. 47-2153355
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/23/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 03/15/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 504 CENTRAL PARK DRIVE SANFORD, FL 32771
(Principal office address)

504 CENTRAL PARK DRIVE SANFORD, FL 32771
(Current mailing address, if different)

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

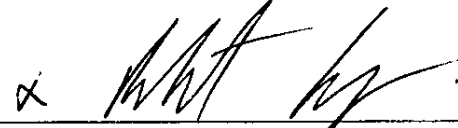
Name: ROBERTO CARRAZANA

Office Address: 504 CENTRAL PARK DR

SANFORD, Florida 32771
(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: ROBERTO CARRAZANA
Address: 504 CENTRAL PARK DR SANFORD FL 32771

Vice Chairman: MIGUEL RODRIGUEZ
Address: 504 CENTRAL PARK DR SANFORD FL 32771

Director: _____
Address: _____

Director: _____
Address: _____

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TALMADGE COUNTY, FLORIDA

B. OFFICERS

President: ROBERTO CARRAZANA
Address: 504 CENTRAL PARK DR
SANFORD FL 32771

Vice President: MIGUEL RODRIGUEZ
Address: 504 CENTRAL PARK DR
SANFORD FL 32771

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

E-APPLIANCE RECYCLING CORPORATION
0400697196

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 23, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROBERTO CARRAZANA
650 DELAWARE
CAMDEN, NJ 08102

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on October 29, 2015.

OTHER

MIGUEL RODRIGUEZ
650 DELAWARE AVE
CAMDEN, NJ 08102

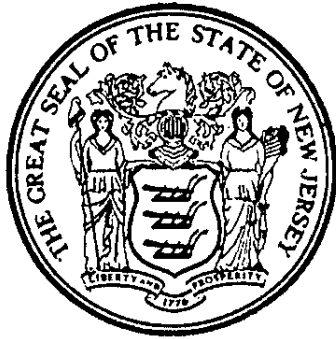
OTHER

ROBERT CARRAZANA
650 DELAWARE AVE
CAMDEN, NJ 08102

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

E-APPLIANCE RECYCLING CORPORATION
0400697196

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of March, 2016

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6070281142

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp