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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAR 25 PM 4:06

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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

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:

- ☐ \$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)

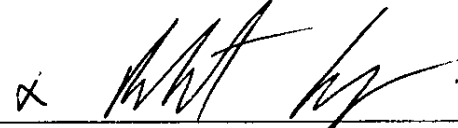
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

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 Département 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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DEPT. OF STATE  
TALLAHASSEE, FL 32399

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: \_\_\_\_\_

**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

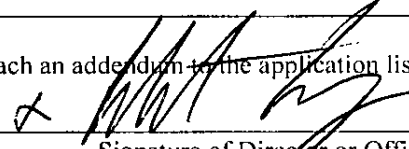
Secretary: \_\_\_\_\_

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)

FILED  
2016 MAR 25 PM 4:06  
CLERK OF THE COURT  
JULIA M. KELLEY, CLERK  
TALLAHASSEE, FLORIDA

**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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2016 MAR 25 PM 4:06  
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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2016 MAR 25 PM 4:06  
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*

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