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(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JOHN CUTTER INVESTIG	ATIONS, INC.
воро:	Name of corporation -	must include suffix
Dear S	ir or Madam:	
"Certif	closed "Application by Foreign Corporation for A icate of Existence," or "Certificate of Good Stand referenced foreign corporation to transact busines	ling" and check are submitted to register the
Please Justin (return all correspondence concerning this matter to Cuomo	to the following:
	Name of P	erson
John C	utter Investigations, Inc.	70 22 ·
360 Le	Firm/Comp xington Ave, #201	
•	Addres	s m
New Y	ork, NY 10017	
jcuomo	City/State an @johncutterinvestigations.com	d Zip code
	E-mail address: (to be used for	r future annual report notification)
For fur	ther information concerning this matter, please ca	11:
Justin (Cuomo 212 at (913-9708
	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
Enclos	ed is a check for the following amount:	
\$ \$70	0.00 Filing Fee \$\Boxed{\sigma} \$78.75 Filing Fee & \Boxed{\sigma} Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

John Cutter Invi	estigations, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	TION,"
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transa	acting business in Florida)
New York	. 2	7-2192952	
	y under the law of which it is incorporated) 5.	(FEI number, i	f applicable)
	of incorporation)	(Date of duration, if other than perpetual)	
1309 Deer Run D	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) Prive, Winter Springs, FL 32708	2, F.S., to determine penalty lia	
360 Lexington A	ve., #201, New York, NY 10017	office address)	
	(Current mailing	address, if different)	NECECT ALLEARY
3. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	ASSA
Name:	CT CORPORATION SYSTEM		
Office Address:	1200 South Pine Island Road		
	Plantation	33324 , Florida	59 59
	(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.

Christine Kelm
Assistant Secretary

(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.

11. Names and busines's addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: Address: ___ Director: ___ Address: Director: Address: _____ **B. OFFICERS** John Cutter President: 126 North 11th Street Address: New Hyde Park, NY 11040 Vice President: Address: U ΐ Secretary: __ Address: __ Treasurer: Address: NOTE: If necessary, you may attach ar added dum to the application listing additional officers and/or directors. 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. John Cutter, President

(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 JOHN CUTTER INVESTIGATIONS INC. was filed on 03/18/2010, 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 04/24/2012.

A Biennial Statement was filed 03/07/2014.

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 27th day of June two thousand and sixteen.

Outing Scardina

Executive Deputy Secretary of State