## F16000003932

| (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:  916 Spoke wlzessice to  confirm R.A. name. |
|   |
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Office Use Only



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## **COVER LETTER**

| _   | ion of Corp                               |                             |                |  |                            |  |  |
|---|---|-----------------------------|----------------|--|----------------------------|--|--|
| SUBJECT:  | VERITAS                                   | IMAGING, INC.               |                |  |                            |  |  |
| SUBJEC1:  | Name of corporation - must include suffix |                             |                |  |                            |  |  |
| Dear Sir or M   | adam:                                     |                             |                |  |                            |  |  |
| "Certificate of   | f Existence,                              |                             | of Good Sta    | nding"   | and check are sub          | et Business in Florida,"<br>mitted to register the                 |  |
| Please return a   | -   | ondence concerni            | ing this matte | er to the  | e following:               |  |  |
|   |   |                             | Name of        | Persor   | 1                          |  |  |
| MAURIELLO   | ENTERPRI                                  | SES                         |                |  |                            |  |  |
|   |   |                             | Firm/Co        | npany  |                            |  |  |
| 16 DRIGGS S   | TREET                                     |                             |                |  |                            |  |  |
|   |   |                             | Add            | ress   |                            |  |  |
| STATEN ISLA   | AND NY 103                                | 308                         |                |  |                            |  |  |
|   |   |                             | City/State     | and Zip  | code                       |  |  |
| JESS.TAXFEI   | LLA@GMA                                   | IL.COM                      |                |  |                            |  |  |
|   |   | E-mail address              | s: (to be used | for fut  | ure annual report r        | notification)  |  |
| For further in  | formation c                               | oncerning this m            | natter, please | call:  |                            |  |  |
| JESSICA LEC   | )   |                             | 718<br>at (    | 35   | 6-5178                     |  |  |
| Nam   | e of Person                               |                             | Area Co        | de   | Daytime Telep              | hone 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                             | he following am             | ount:          |  |                            |  |  |
| <b>\$70.00</b> Fil  | ing Fee                                   | S78.75 Filin<br>Certificate |                |  | 75 Filing Fee & ified Copy | □ \$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. VERITAS IMAGING, 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** 270714489 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 08/12/2009 (Date of duration, if other than perpetual) (Date of incorporation) 09/01/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 16 DRIGGS STREET STATEN ISLAND NY 10308 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTRED AGENTS INC Name: 3030 N. ROCKY POINT DR. STE 150A Office Address: TAMPA. 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.

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.

(Registered agent's signature)

Bill Havie - Secretary Inc.

11. Names and business addresses of officers and/or directors: A. DIRECTORS ANTHONY PALMIERI Chairman: 100 VINELAND AVE Address: STATEN ISLAND NY 10312 Vice Chairman: Address: Director: Address: \_ Director: \_ B. OFFICERS ANTHONY PALMIERI President: 100 VINELAND AVE Address: STATEN ISLAND NY 10312 Vice President: Address: Secretary: \_\_ Treasurer: Address: \_ you may attach an addendum to the application listing additional officers and/or directors. NOTE: If redessary, 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.

ANTHONY PALIERI, PRESIDENT

13.

## State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of VERITAS IMAGING, INC. was filed on 08/12/2009, under the name of VERTIAS IMAGING INC., 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.

A Certificate of Amendment VERTIAS IMAGING INC., changing its name to VERITAS IMAGING, INC., was filed 01/11/2011.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of August two thousand and sixteen.

Continy Sicidina

Executive Deputy Secretary of State