## F16000004219

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



400290288484

09/19/16--01040--021 \*\*87.50

2016 SEP 19 TM 12: 31

K. SALY SEP 2 2 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
	ALL KINDS OF SIGNS, IN	√C		
SUBJ	ECT:	<u>_</u> .		_
	Name	oi corporatio	n - must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign C icate of Existence," or "Certificat referenced foreign corporation to	te of Good Sta	inding" and check are s	
Please	return all correspondence concern	ning this matte	er to the following:	
		Name of	f Person	
PEAR	L & ASSOCIATES LAW, P.A.			
	<del></del> -	Firm/Co	mpany	<del></del>
1172 S	. DIXIE HIGHWAY #163			
		Add	ress	<del></del>
CORA	L GABLES, FL 33146			
	· · · ·	City/State	and Zip code	
	E mail adda	an (to be word	for future annual repo	d modification)
				n nonneation)
For fur	ther information concerning this	matter, please	call:	
		305	905-1518	
	Name of Person	_ at ( Area Co	de Daytime Tel	ephone Number
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	Registration Division of P.O. Box 63	Corporations
Enclos	ed is a check for the following an	nount:		
<b>5</b> \$70	0.00 Filing Fee		□ \$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.

"Inc.," "Co.," "C	Corporation; must include "INCORPORATED, Corp." "Inc," "Co," or "Corp.")  F SIGNS ADVERTISING, INC.			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
NEW YORK 2.	3.	46-2369829		
(State or country under the law of which it is incorporated)  3/20/2013		(FEI number, if applicable) N/A		
	(Date of incorporation) (Date of duration, if other than perpetual)			
3109 GRAND A		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, , <u> </u>	(Princi	pal office address)		
8. Name and stree  Name:	(Current maili et address of Florida registered agent: (P. Pearl & Associates Law, PA	O. Box NOT acceptable)		
Office Address:	1172 S. Dixie Highway #163			
	Coral Gables	33146 , Florida		
	(City)	(Zip code)		
9. Registered ag	ent's acceptance: ned as registered agent and to accept serv	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I		

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. Nam	es and business addresses of officers and/or directors:  20/6 SEP / 9 PH D: 32
A. DIRI	ECTORS 2016 SEP 10
Chairman	The state of the s
Address:	TAMASSI OF STA
Vice Chai	rman:
Address:	
Director:	Nicole Pearl
Address:	3901 Grand Avenue, Suite 537
	Miami, FL 33133
Director:	Susan Pearl
Address:	3901 Grand Avenue, Suite 537
radicss.	Miami, FL 33133
B. OFF	ICERS
President	Nicole Pearl
Address:	3901 Grand Avenue, Suite 537
71441033.	Miami, FL 33133
Vice Pres	Susan Pearl ident:
Address:	3901 Grand Avenue, Suite 537
ridaress.	Miami, FL 33133
Secretary	Susan Pearl
Address:	3901 Grand Avenue, Miami, FL 33133
Treasurer	Susan Pearl
Address:	3901 Grand Avenue, Miami, FL 33133
<b>NOTE:</b> 12.	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Theore	Signature of Director or Officer
are true a	per or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes begree felony as provided for in s.817.155, F.S.
13. Nice	ole Pearl, President

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

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

I hereby certify, that the Certificate of Incorporation of ALL KINDS OF SIGNS, INC. was filed on 03/20/2013, 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.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of September two thousand and sixteen.

Country Siardina

Executive Deputy Secretary of State