

FILE 000004784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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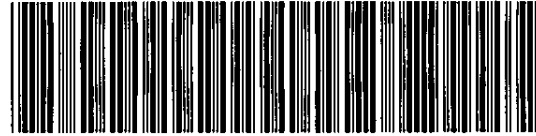
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 OCT 26 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**VIA OVERNIGHT DELIVERY**

October 25, 2016

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RECEIVED  
2016 OCT 26 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Re: Resubmission of Application by Foreign Corporation Rymax Corp. To  
Transaction Business in the State of Florida**

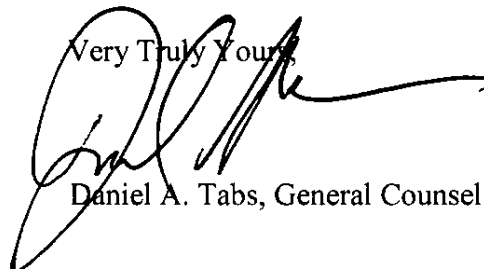
Dear Sir/Madam:

We are in receipt of your letter dated October 7, 2016 regarding Rymax Corp.'s application for Authorization to Transact Business in the State of Florida. The application was returned for correction, and we are now resubmitting as follows:

1. Please be advised that on line 13 we have corrected the submission by including the name and title next to person executing the document; and
2. With respect to the issue of the corporation name being unavailable in Florida, per my discussion with your office the initial submission was correct. While the name "Rymax Corp." is not available, the alternate name of "Rymax Marketing Services, Inc." is available.

I thank you in advance for your attention to this matter. Should you have any questions, please feel free to contact me at (973) 582-3270.

Very Truly Yours,



Daniel A. Tabs, General Counsel



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2016

DANIEL TABS  
19 CHAPIN RD PO BOX 2024  
PINE BROOK, NJ 07058

SUBJECT: RYMAX CORP  
Ref. Number: W16000068997

We have received your document for RYMAX CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The person executing the document must state beneath or opposite his or her signature his or her capacity, such as trustee, receiver, personal representative, court appointed fiduciary, etc.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 116A00021650

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Rymax Corp.

**SUBJECT:** \_\_\_\_\_  
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:  
Daniel Tabs

\_\_\_\_\_  
Name of Person  
Rymax Corp.

\_\_\_\_\_  
Firm/Company  
19 Chapin Road, Building B; PO Box 2024

\_\_\_\_\_  
Address  
Pine Brook, New Jersey 07058

\_\_\_\_\_  
City/State and Zip code  
dtabs@rymaxinc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Tabs                      973                      582-3270  
\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)                      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.*

Rymax Corp.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Rymax Marketing Services, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. \_\_\_\_\_ 3. \_\_\_\_\_  
New Jersey 22-3375401  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_ 5. \_\_\_\_\_  
March 13, 1995  
(Date of incorporation) (Date of duration, if other than perpetual)

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

3890 Pembroke Road, Pembroke Park, Florida 33021

7. \_\_\_\_\_  
(Principal office address)

Same as above

(Current mailing address, if different)

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

Marc Farbstein

Name: \_\_\_\_\_

3890 Pembroke Road

Office Address: \_\_\_\_\_

Pembroke Park, Florida

\_\_\_\_\_, Florida 33021

(City)

(Zip code)

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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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Marc Farbstein  
3890 Pembroke Road  
Address: Pembroke Park, Florida 33021

Vice Chairman: None  
Address: \_\_\_\_\_

Director: None  
Address: \_\_\_\_\_

Director: None  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Marc Farbstein  
3890 Pembroke Road  
Address: Pembroke Park, Florida 33021

Vice President: None  
Address: \_\_\_\_\_

Secretary: None  
Address: \_\_\_\_\_

Treasurer: None  
Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. N/A

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. 

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

MARC FARBSTEIN, PRESIDENT

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**RYMAX CORP.**  
0100619560

*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 March 13, 1995.*

*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:*

MARC B. FARBSTEIN  
19 CHAPIN ROAD  
BUILDING B, P.O. 2024  
PINE BROOK, NJ 07058



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
5th day of October, 2016*

*Ford M. Scudder  
State Treasurer*

Certificate Number : 6074695328

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)