71700000095

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
(Only State/Zipir Hone #)
PICK-UP WAIT MAIL
(Pusings Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W16-84712

Office Use Only



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12/19/16--01010--002 **/0.00



Ja Ja



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2016

JAY PASSERINO 1031 N. MIAMI BEACH BOULEVARD N MIAMI BEACH, FL 33162

SUBJECT: MAYHEM BROS INC. Ref. Number: W16000084712



We have received your document for MAYHEM BROS INC. 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.

Please return 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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 516A00026942

COVER LETTER

_	stration Sect					
SUBJECT:	МАҮНЕМ	BROS INC				
SUBJECT.		Name o	f corporation	- must include suf	fix	
Dear Sir or M	1adam:					
"Certificate of	of Existence,	•	of Good Star	ding" and check a	ransact Business in Florida," re súbmitted to register the	
Please return JAY PASSER		ndence concerni	ng this matter	to the following:		
			Name of	Person		
			Firm/Com	nanv		
1031 N. MIAI	MI BEACH E	BLVD		F)		
			Addre	ess		
N MIAMI BE	ACH, FL 331	62				
jay.passerino@	alamail com		City/State a	nd Zip code		
		E-mail address:	(to be used t	or future annual re	eport notification)	
For further in	formation c	oncerning this m				
JAY PASSERINO			305	302-1100	302-1100	
Nam	oc of Person		at (Arca Cod	Daytime	Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	check for th	e following amo	unt:			
\$ 70.00 Fi	ling Fee	S78.75 Filing Certificate o		\$78.75 Filing Fe Certified Copy	e & S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
МАҮНЕМ РАІ	RTNERS INC.				
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florida)		
DELAWARE	3	81-4615783			
	y under the law of which it is incorporated) 5.	(FEI number, if applicable)	(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)			
1031 N. MIAMI	BEACH BLVD, N. MIAMI BEACH, FL 3316	al office address) 2 g address, if different)	W-9 My 7.		
Name and stree	t address of Florida registered agent: (P.O. JAY PASSERINO	Box NOT acceptable)	_		
Office Address:	7620 BAYSIDE LANE				
	MIAMI BEACH	33141 , Florida			
	(City)	(Zip code)			
laving been nam esignated in this urther agree to co	application, I hereby accept the appointn	ce of process for the above stated corporal nent as registered agent and agree to act it elative to the proper and complete perform my position as registered agent.	n this capacity		

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)

; 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: ____ Vice Chairman: JAY PASSERINO Director: 7620 BAYSIDE LANE Address: MIAMI BEACH, FL 33141 **ROY COHEN** Director: 24A SIGALIT ST NETANYA Address: _ **ISRAEL 42203 B. OFFICERS** JAY PASSERINO President: 7620 BAYSIDE LANE Address: MIAMI BEACH, FL 33141 **ROY COHEN** Vice President: 24A SIGALIT ST NETANYA Address: **ISRAEL 42203** Secretary: Address: _ Treasurer: NOTE: If necessary, year may around an addendum 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. JAY PASSERINO

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAYHEM BROS INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAYHEM BROS INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

e at corp delaware cov/aut

Authentication: 203455871

Date: 12-06-16

6239505 8300

SF# 20166932343