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SECRETARY OF STATE  
TAMPA, FLORIDA

S Warren

JAN 19 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Content Critical Solutions, Incorporated  
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:

YELENA CHAPKIS

Name of Person

Content Critical Solutions, Inc

Firm/Company

121 Moonachie Ave

Address

Moonachie, NJ 07074

City/State and Zip code

yelena.chapkis@contentcritical.com

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

For further information concerning this matter, please call:

YELENA Chapkis at ( 201 ) 5282922

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

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.

1. CONTENT CRITICAL SOLUTIONS INCORPORATED  
(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)

2. New York 3. 46-352 47 63  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/27/2013 5. \_\_\_\_\_  
(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)

7. 10 Fifth Street, Suite 200 Valley Stream NY 11581  
(Principal office address)

121 Moonachie Ave, Moonachie NJ 07074  
(Current mailing address, if different)

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

Name: Laura Carmona

Office Address: 10093 Costa Del Sol Blvd  
Doral, Florida 33178  
(City) (Zip code)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Laura J. Carmona  
(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: Lonnie Fine

Address: 10 FIFTH Street (2nd Floor)  
Valley Stream NY 11581

Vice Chairman: Perry Fine

Address: 10 FIFTH Street (2nd Floor)  
Valley Stream NY 11581

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: Lonnie Fine

Address: 10 Fifth Street 2nd Floor  
Valley Stream NY 11581

Vice President: \_\_\_\_\_

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

Secretary: Steve LoBasso

Address: 10 Fifth Street 2nd Floor, Valley Stream NY

Treasurer: \_\_\_\_\_

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

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

12. [Signature]

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. STEVE LOBASSO / SECRETARY

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

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2017 MAY 18 PM 4:58  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

I hereby certify, that the Certificate of Incorporation of CONTENT CRITICAL SOLUTIONS, INC was filed on 08/27/2013, 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. I further certify the following:

A Biennial Statement was filed 05/23/2016.

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 04th day of January  
two thousand and seventeen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State