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COVER LETTER

TO: Registration Section
Division of Corporations
EXCEL ELEVATOR & ESCALATOR 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:
DONNA BLEVINS

EXCEL ELEVATOR & ESCALATOR CORP	Name of Person
257 NELSON AVENUE	Firm/Company
STATEN ISLAND, NY 10308	Address
DBLEVINS@EXCELELEVATOR.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

DONNA BLEVINS	718	966-2600
_____	at (_____)	_____
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.*

EXCEL ELEVATOR & ESCALATOR CORP.

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

EXCEL ELEVATOR ESCALATOR CORP. OF FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW YORK 26-0067203

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
JUNE 23, 2003 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
FEBRUARY 1, 2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
257 NELSON AVENUE, STATEN ISLAND, NY 10308

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.
17888 67th Court North

Office Address: Loxahatchee 33470
_____, Florida _____
(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.

SEE ATTACHED

(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.



3773 Howard Hughes Parkway
Suite 500S
Las Vegas, NV 89169

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

January 20, 2017

Corporations Division
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **EXCEL ELEVATOR & ESCALATOR, CORP.** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 ext 6756 Monday-Friday from 8:00 a.m. to 5:00 p.m. *PST*.

Sincerely,

InCorp Services, Inc.

Leora Nealey, Processor on behalf of InCorp Services, Inc.
leora.nealey@incorp.com

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

A. DIRECTORS

DONNA BLEVINS

Chairman:

257 NELSON AVENUE

Address:

STATEN ISLAND, NY 10308

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

DONNA BLEVINS

President:

257 NELSON AVENUE

Address:

STATEN ISLAND, NY 10308

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

12.

Donna Blevins, President

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.

DONNA BLEVINS, PRESIDENT

13.

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

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17 JAN 31 PM 4:01

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EXCEL ELEVATOR & ESCALATOR, CORP. was filed on 06/27/2003, 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.



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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of January two
thousand and seventeen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State