

F17000000913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.INCserv.com  
e-mail: info@incserv.com



**INCORPORATING  
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**ORDER FORM**

**TO:** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dof.myflorida.com  
850-245-6051

**FROM:** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE:** 2/28/2017

**PRIORITY:** Routine

**OUR REF # (Order ID#):** 561779

**ORDER ENTITY:**  
172 AUDUBON CORP.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
172 AUDUBON CORP. ( FL )

File the attached foreign qualification document

**NOTES:**

**RETURN/FORWARDING INSTRUCTIONS:**

If you should have any questions, please contact me at 656-7956.

Best regards,

  
Client Services Representative

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TALLAHASSEE, FL  
FEB 28 2017

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

172 AUDUBON CORP.

1. \_\_\_\_\_  
(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. 133763600  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 07, 1994 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)

6. upon registration

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

7. 1008 McLEAN AVE., 2ND FL, YONKERS NY 10704  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: CORPORATE SERVICE BUREAU INC.

Office Address: 1540 GLENWAY DRIVE  
TALLAHASSEE, Florida 32301  
(City) (Zip code)

**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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Isidoros Sfikas

Address: 1008 McLean Avenue, 2nd Fl

Yonkers, NY 10704

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

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

**B. OFFICERS**

President: Isidoros Sfikas

Address: 1008 McLean Avenue, 2nd Fl

Yonkers, NY 10704

Vice President: Isidoros Sfikas

Address: 1008 McLean Avenue, 2nd Fl

Yonkers, NY 10704

Secretary: Isidoros Sfikas

Address: 1008 McLean Avenue, 2nd Fl, Yonkers, NY 10704

Treasurer: Isidoros Sfikas

Address: 1008 McLean Avenue, 2nd Fl, Yonkers, NY 10704

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. Isidoros Sfikas, President

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

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STATE DEPT  
FEB 28 1993

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

I hereby certify, that the Certificate of Incorporation of 172 AUDUBON CORP. was filed on 02/07/1994, 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.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 27th day of February  
two thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

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STATE DEPT OF CORP  
FEB 27 2017