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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Minicards of Florida, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

MAR 23 2017

S. YOUNG

RECEIVED  
2017 MAR 22 PM 1:06  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE

17 MAR 22 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

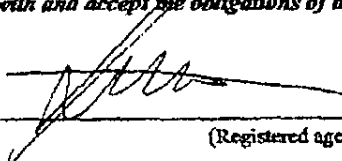
**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA**

1. Minicards of Florida, Inc.  
(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. NY 3. 26-1704483  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/15/2007 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/01/2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1010 Washington Blvd, 2nd Floor, Miami FL 33132  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Alex Montalenti
- Office Address: 555 NE 15th Street, Apt 29A
- Miami, Florida 33132  
(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.*

(X)



(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.

17 MAR 22 AM 8:56

SECRETARY OF STATE  
HALLWAY 1100

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Lorin D. Radu

Address: 1010 Washington Blvd, 2nd Floor, Stamford, CT 06901

Vice President: Alex Montalenti

Address: 555 NE 15th Street, Apt 29A, Miami, FL 33132

Secretary: \_\_\_\_\_

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

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

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

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

12. (K) \_\_\_\_\_  
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. Alex Montalenti, Vice President  
(Typed or printed name and capacity of person signing application)

17 MAR 22 PM 6:51

SECRETARY OF STATE  
FALL 2017

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

*I hereby certify, that the Certificate of Incorporation of MINICARDS OF FLORIDA INC. was filed on 12/13/2007, 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 12/30/2011.*

*A Biennial Statement was filed 02/25/2014.*

*A Biennial Statement was filed 02/22/2017.*

*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 24th day of February  
two thousand and seventeen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 22 AM 8:07