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COVER LETTER

Division of Con				
SUBJECT: E	- TOWN PROPERT	165, LNC.		
	Name of corporat	ion - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence		for Authorization to Transac Standing? and check are sub- siness in Florida.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	BRUCE KAM	ronus k i		
	Name	of Person	•	
	E-Tonin PR	OPERTIES, INC.	·	
	Firm/C	Company		
	172 F36LE	ESTON LAND		
· · · · · · · · · · · · · · · · · · ·		ddress	······································	
	WESTCORT	NEW YORK	2993	
	City/Sta	te and Zip code	<u> </u>	
	ALPINEPLOPPOT	TESING GEHALL	'm-l	
	E-mail address: (to be us	ed for future annual report r	notification)	
For further information	concerning this matter, plea	se call:		
BRUCE KAME	enoki ar(91	4 , 227 - 190	<u>້</u>	
Name of Person				
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section	
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327	-	
2661 Executive		Tallehassee, F	L 32314	
Tallahassee, FL	32301			
Enclosed is a check for	the following amount:			
№ \$70.00 Filing Fee	Certificate of Status	Cl \$78.75 Filing Fee & Certified Copy	2 \$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.

I. F-TOWN PROPERTIES, INC.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Co," or "Corp.")	
and one one of other)	
E-Town Properties of New York, INC.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. NEW YORK 3. 06-18/5564 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. APRIL Ole 2007 5. (Date of duration, if other than perpetual)	
(Date of incorporation) (Date of duration, if other than perpetual)	
6. WONE	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 172 EGGLESTON LN., WESTPORT, NY 12993	
(Principal office address)	
. .	
(Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Bean J. July Es G.	j
The transfer of the transfer o	į
Mirana Beach, Florida 32550 (City) (Zip code)	.,
(City) (Zip code)	-ti-
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	

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 fundifier 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.

11. Ivalies and Oldward multipes of Citizens at Model (Book) 5.
A. DIRECTORS
Chairman: BRUCE KANROWSKI
Address: 172 EGGLESTON LN
WESTPORT NY 12993
Vice Chairmen: SAME AS ABOVE
Address:
Director: SPINE AS ABOVE
Address:
Director:
Address:
P. OFFICENS
President BRUCE KANRONSKI
Address: 172 EbGLESTON LN.
HESTPORT, NY 12993
Vice President: SANE AS ABOVE
Addresis:
Secretary: SAME AS ABOVE
Address:
Treasurer: SAME AS ABOVE
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12X Ben & Marianolis
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 fellony as provided for in s.817.155, F.S.
13. BRUCE KALPONSKY - DIPERTY COFFICER
(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of E-TOWN PROPERTIES, INC. was filed on 04/06/2007, 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.

TTNESS may haved as

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of March two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State