Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

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FOREIGN PROFIT/NONPROFIT CORPORATION

Memo-Cogen Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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Corporate Filing Menu

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MAY 1 2 2017

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEMO-COGEN INC.	
Name of corporation - must	include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authori "Certificate of Existence," or "Certificate of Good Standing" as above referenced foreign corporation to transact business in Florida.	nd check are submitted to register the
Please return all correspondence concerning this matter to the f	ollowing:
Mitchell Nadel	
Name of Person	
MEMO-COGEN INC.	
Firm/Company	
417 Center Ave	
Address	
Mamaroneck, NY 10543	
City/State and Zip c	ode
mnadel@epa-me.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
Mitchell Nadel at (914)	409-3774
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:	
	5 Filing Fee & S87.50 Filing Fee, Certificate of Status & Certified Copy

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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.

(Enter name of c	corporation; must include "INCORPORATED corp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATIO	N,"
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	intp, me, co, or corp. y		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacti	ng business in Florida)
New York			_
(State or count	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)
September 10,	1987	:	
(Date of incorporation)		(Date of duration, if other	r than perpetual)
417 Center Aven	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liabi	lity)
417 Center Aven	(SEE SECTIONS 607.1501 & 607. uc, Mamaroneck, NY.10543	in Florida, if prior to registration) 1502, F.S., to determine penalty liabi	lity)
417 Center Aven	(SEE SECTIONS 607.1501 & 607. ue, Mamaroneck, NY.10543 (Princ	1502, F.S., to determine penalty liabi	lity)
	(SEE SECTIONS 607.1501 & 607. ue, Mamaroneck, NY.10543 (Princ	1502, F.S., to determine penalty liabicipal office address) ling address, if different)	IIIY) 17 MAY 1 SECTION 11 ALL ANA
	(SEE SECTIONS 607.1501 & 607. uc, Mamaroneck, NY.10543 (Princ	1502, F.S., to determine penalty liabicipal office address) ling address, if different)	17 HAY I I SECTET ART FALL ANASS
Name and street	(SEE SECTIONS 607.1501 & 607. ue, Mamaroneck, NY. 10543 (Princ (Current mail	1502, F.S., to determine penalty liabicipal office address) ling address, if different)	17 MAY 11 SECRETARY FALLAHASSE
Name and stre	(SEE SECTIONS 607.1501 & 607. ue, Mamaroneck, NY. 10543 (Princ (Current mail et address of Florida registered agent: (P National Registered Agents, Inc. 1200 South Pine Island Road	1502, F.S., to determine penalty liabicipal office address) ling address, if different)	17 HAY I I SECTET ART FALL ANASS

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.

Ву:	Qe	nifer	Vincent	VP & Assistant Secretary	
		0		gistered 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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DIRECTORS		
irman:	Ā:	
ress:	1	
Chairman:		
ress:		
James Nadel	•	
417 Center Ave., Mamaroneck, NY 10543		
etor:	······································	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
ress:		
OFFICERS		
James Nadel		FLE ST
ress: 417 Center Ave., Mamaroneck, NY 10543	íř.	ATE RIDA
President:		
ress:		
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surer:		
ress:		· <u></u>
FE: If necessary, you may attach an addendum to the	application listing addition	nal officers and/or directors.
	irector or Officer	

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

13. James Nadel - President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MEMG-COGEN INC. was filed on 09/10/1987, 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.

The Bienaial Statement is past due.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 10th day of May two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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