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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

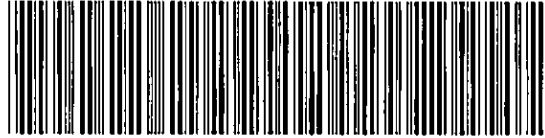
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 JUL 13 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 14 10:41
JUL 14 2017

S. WARREN

JUL 14 2017



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: 120000000088

Date: July 13, 2017

Name: MICHELLE WALKER

Reference #: D304527

Entity Name: SIP OPERATING CORP.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

PLEASE RETURN A COPY OF THIS COVER SHEET WITH FILED EVIDENCE

Authorized Amount: \$ 70

**Please call Michelle at 518-213-0737 if authorized amount is not enough. Thanks!!

Signature: Michelle Walker

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST. 10 FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY 1406072
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIP Operating Corp.
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:

Colleen Humes
Name of Person
COGENCY GLOBAL
Firm/Company
850 New Burton Rd., Suite 201
Address
Dover, DE 19904
City/State and Zip code
JFridlington@gssnyc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill A. Russo at (212) 295-2742
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.*

1. SIP Operating Corp.
(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. Delaware 3. 82-1821482
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/08/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 68 S. Service Rd., Suite 120 Melville, NY 11747
(Principal office address)

(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

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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17 JUL 13 PM 12:02
TALLAHASSEE, FLORIDA
STATE
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: _____ n/a

Address: _____

Vice Chairman: _____ n/a

Address: _____

Director: _____ Damian A. Perez

Address: _____ 68 S. Service Rd., Suite 120 Melville, NY 11747

Director: _____ Bernard J. Angelo

Address: _____ 68 S. Service Rd., Suite 120 Melville, NY 11747

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B. OFFICERS

President: _____ Kevin P. Burns

Address: _____ 68 S. Service Rd., Suite 120 Melville, NY 11747

Vice President: _____ Frank B. Bilotta

Address: _____ 68 S. Service Rd., Suite 120 Melville, NY 11747

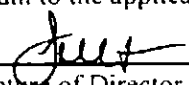
Secretary: _____ Bernard J. Angelo

Address: _____ 68 S. Service Rd., Suite 120 Melville, NY 11747

Treasurer: _____ Kevin J. Corrigan

Address: _____ 68 S. Service Rd., Suite 120 Melville, NY 11747

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

12. _____ 
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. _____ Jill A. Russo, Vice President

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

Addendum

SIP OPERATING CORP.

Additional Officers:

Title	Officer
Vice President, Asst. Treasurer and Asst. Secretary	Timothy O'Connor
Vice President, Asst. Treasurer and Asst. Secretary	Jill A. Russo
Vice President, Asst. Treasurer and Asst. Secretary	John L. Fridlington
Vice President, Asst. Treasurer and Asst. Secretary	Christopher W. Thompson

Address for Officers: 68 S. Service Rd., Suite 120 Melville, NY 11747

Additional Director: Kevin P. Burns 68 S. Service Rd., Suite 120 Melville, NY 11747

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIP OPERATING CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIP OPERATING CORP." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6438759 8300

SR# 20175121288

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202841339

Date: 07-07-17