## F17000003642

(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:	
IO PM 19.28 SSECTIONERA	
REST TANGE TO ALLAHASSI	
Called 8/14/17	
Spoke w/ Michael	
Robinson, All Add	1
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SECRETARY OF STATIOHS
DIVISION OF CORPORATIOHS
2017 AUG 11 PM 2: 08

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MICROBIN, GNC	•	
Name of corporation - must include suff	ix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Tr "Certificate of Existence," or "Certificate of Good Standing" and check are above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:	NIS SEC	
MICHAEL ROBINSO	N 三壁	
Name of Person	6 - 67	
MICKOBIN, 4NC	7 7 7	
Firm/Company	- ? E	
4143 SEA GRAPE DRIVE	8	
Address  1 A D CO A = D I = I = (TA)	72218	
LAUDERDALE BY THE SEA, FL	57200	
. City/State and Zip code $M CO O O O O O O O O O O O O O O O O O O$	ain. not	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, please call:		
MICHAEL ROBINSON at 347, 933-	2520	
Name of Person Area Code Daytime T	elephone Number	
	IG ADDRESS: ion Section	
Division of Corporations Division	porations Division of Corporations	
Clifton Building P.O. Box 2661 Executive Center Circle Tallahass	6327 see, FL 32314	
Tallahassee, FL 32301		
Enclosed is a check for the following amount:	,	
\$70.00 Filing Fee	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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

	VITH SECTION 607 IGN CORPORATION				TED TO
1	MICROBIN	. GNC.			SS 3S
	poration; must include " o." "Inc." "Co." or "Cor		"COMPANY," "COR	PORATION,"	SION OF CORP
(If name unavailable 2.	e in Florida, enter alterr	ate corporate name ac	dopted for the purpose $65-129$	of transacting business	in Florida)
	inder the law of which i		(FEI n	umber, if applicable)	<del></del>
4. / (Date of	(incorporation)	5. <sub>-</sub>	(Date of durat	ion, if other than perpe	etual)
6	(	11111		<del></del>	
- (H)			Florida, if prior to regis 02, F.S., to determine po DRIVE		MAIF 2221
7	() OUN		office address)	Bythe	Bea John
		(Current mailing	address, if different)		
8. Name and street:	address of Florida reg	istered agent: (P.O	. Box <u>NOT</u> acceptab	ile)	
Name:	MICHAEL 1	208 INSON			
Office Address:	4143 SEA	GRAPE DE	<u> </u>		
	LAUD BY S	EA, FL	, Florida33	3308	
	(C	ty)	(Zip c	code)	
designated in this a further agree to con	t's acceptance: I as registered agent of pplication, I hereby a uply with the provision niliar with and accep	ccept the appointm ons of all statutes re	ent as registered age lative to the proper o	ent and agree to act and complete perfor	in this capacity. I
_	ulic	haer	1		
		(Registered a	gent'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. Names and business addresses of officers and/or directors: A. DIRECTORS MICHAEL ROBINSON Vice Chairman: Address: \_\_\_\_ Director: \_\_\_\_\_ Address: **B. OFFICERS** MICHAEL, ROBINSON President: Address: \_\_\_\_\_ Vice President: Address: Secretary: Address: Address: NOTE: If necessary, you may attach an addendin to the application listing additional officers and/or directors. 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. MICHAEL ROBINSON

(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 MTCROBIN, INC. was filed on 08/18/2006, 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 08/21/2008.

A Biennial Statement was filed 08/23/2010.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.

SECRETARY OF STATIONS
OIVISION OF CORPORATIONS
2017 AUG 11 PH 2: 00:

**ት** ጉ ጉ

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of July two thousand and soventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State