

F170000004040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

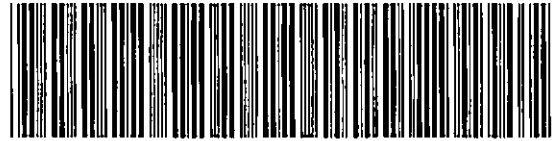
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/05/17--01028--024 \*\*78.75

FILED  
2017 SEP -7 PM 3:57  
FBI - MEMPHIS

SEP 07 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSOLIDATED SEWING MACHINE 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:

JOSEFINA VILLANUEVA

Name of Person

CONSOLIDATED SEWING MACHINE CORP.

Firm/Company

400 VETERANS BLVD.

Address

CARLSTADT, NJ 07072

City/State and Zip code

JO@CONSEW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEFINA VILLANUEVA

Name of Person

at ( 212 ) 741-7788

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:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|--|---|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2017

JOSEFINA VILLANUEVA  
400 VETERANS BLVD  
CARLSTADT, NJ 07072

SUBJECT: CONSOLIDATED SEWING MACHINE CORP.  
Ref. Number: W17000072947

We have received your document for CONSOLIDATED SEWING MACHINE CORP. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 517A00018443

RECEIVED  
2017 SEP -7 PM 3:10  
TALLAHASSEE, FLORIDA

FILED  
2017 SEP -7 PM 3:57  
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. CONSOLIDATED SEWING MACHINE 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. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-2962475

(FEI number, if applicable)

4. 03/21/1989

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. 08/01/2017

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

7. 10850 NW 30TH STREET, DORAL, FL 33172

(Principal office address)

400 VETERANS BLVD., CARLSTADT, NJ 07072

(Current mailing address, if different)

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

Name: MURRAY FEIT

Office Address: 10850 NW 30TH STREET

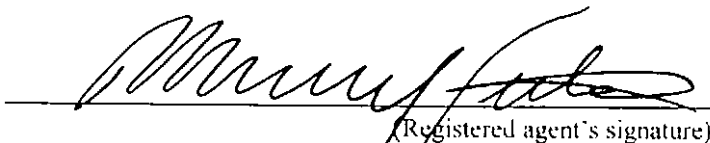
DORAL, FL, Florida 33172

(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.

FILED  
2017 SEP - 7 PM 3:57  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA

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

**A. DIRECTORS**

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**B. OFFICERS**

President: MURRAY FEIT

Address: 10850 NW 30TH STREET

DORAL, FL 33172

Vice President: MICHAEL FEIT

Address: 400 VETERANS BLVD.

CARLSTADT, NJ 07072

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

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

Treasurer: DAVID FEIT

400 VETERANS BLVD.

Address: CARLSTADT, NJ 07072

2017 SEP - 7 PM 3:57  
CLERK  
JULIA  
MURRAY FEIT

**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. MURRAY FEIT, PRESIDENT

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

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**CONSOLIDATED SEWING MACHINE CORP.**

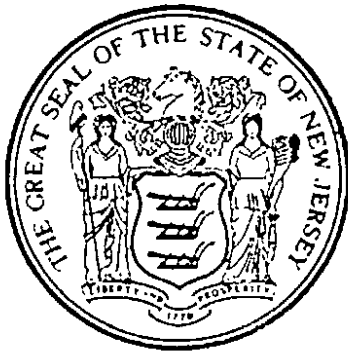
0100409991

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 22, 1989.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

MURRAY FEIT  
400 VETERANS BLVD.  
CARLSTADT, NJ 07072



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of September, 2017*

*Ford M. Scudder*

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6052370513

Verify this certificate online at

[https://www1.state.nj.us/TYFR\\_StandingCerti/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYFR_StandingCerti/JSP/Verify_Cert.jsp)