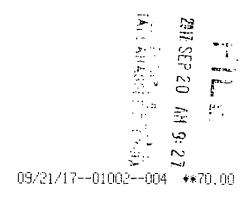
F17000004224

(Requestor's Name)				
9Я)	questor's Name)			
(Ad	dress)			
(A.				
(Ad	dress)			
(Cit	y/State/Zip/Phone #	≠)		
PICK-UP	MAIT WAIT	MAIL		
		_		
(Business Entity Name)				
(Document Number)				
(50	cament Namber)			
Certified Copies Certificates of Status				
<u> </u>				
Special Instructions to	Filing Officer.	i		
İ				
		i		
]		
L				

Office Use Only



100303640451



. JESEP 20 PM 3: 41

SEP THARRIS

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 9/20/17

PLEASE FILE THE ATTACHED AND RETURN Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	[N**
PLEASE FILE THE ATTACHED AND RETURN Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
PLEASE FILE THE ATTACHED AND RETURN Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
Certified Copy of Arts & Amendments Certificate of Good Standing	
Certificate of Good Standing	
APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL \$ OWED 70.00	
TOTAL \$ OWED CHECK #	

Please call Tina at the above number for any issues or concerns. Thank you so much!

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	'ESTORS CORP. 'corporation; must include "INCORPORATED,' 'Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	<u> </u>
(If name unava	ilable in Florida, enter alternate corporate name	ndopted for the purpose of transacting	business in Florida)
Delaware 2.	3	13-2957684	
(State or cour		(FEI number, if appl	icable)
4		an perpetual)	
6.	September 11, 2017		
15 Maiden Lane	(SEE SECTIONS 607.1501 & 607.150 c, Suite 905, New York, New York 10038 (Principal	ul office address)	
	(Current mailing	g address, if different)	D# 8.2 200 200 200
8. Name and stre	eet address of Florida registered agent: (P.O. United Corporate Services, Inc.	Box NOT acceptable)	SEP 20
Office Address:	9200 South Dadeland Blvd. Suite 508	·	
	Miami	33156 . Florida	, Ç
	(City)	(Zip code)	\sim

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.

Michael A. Barr, President (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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Wendy Saltzman Director: c/o 15 Maiden Lane, Suite 905 Address: New York, New York 10038 Keith Mandel Director: c/o 15 Maiden Lane, Suite 905 New York, New York 10038 **B. OFFICERS** Daniel Saltzman President: 15 Maiden Lane, Suite 905 Address: New York, New York 10038 Vice President: ____ Address: _ N Madeline Toback Secretary: 15 Maiden Lane, Suite 905, New York, New York 10038 Address: _ Madeline Toback Treasurer: 15 Maiden Lane, Suite 905, New York, New York 10038 NOTE: If necessary, you may attach an addengtum 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. 13. ____ Daniel Saltzman, President

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARISTA INVESTORS 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 TWENTIETH DAY OF SEPTEMBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARISTA INVESTORS CORP." WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 1986.

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



Authentication: 203259650

Date: 09-20-17

2099186 8300 SR# 20176253627