F18000000709

(Re	questor's Name)	
——————————————————————————————————————	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies		
Certified Copies	Continuates	or Status
Special Instructions to Filing Officer:		
		:

Office Use Only



900308742359

02/03/18--01013--015 **70.00



FEB 1 2 2019 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Long Island Inh (DRP .
Name of corporation - must includ	e suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization "Certificate of Existence," or "Certificate of Good Standing" and che above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the follow	ing:
Rodney Franh	
Name of Person	
Long Island INK CORP Firm/Company	
V	
809 Belvedere Road	
Address	
West falm Brach, Fl 33405 City/State and Zip code	
City/State and Zip code	
Longisland inhacimal. Co E-mail address: (to be used for future annu) W val report notification)
	aar report notification)
For further information concerning this matter, please call:	
Rodney Frank al (431) 317	- 7748
	ime Telephone Number
STREET/COURIER ADDRESS: MA	AILING ADDRESS:
_	istration Section
	ision of Corporations . Box 6327
	lahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Bigcup \$78.75 Filing Fee \& Certificate of Status \$78.75 Filing Certified Co	<u>-</u>

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA'S REGISTER A FOREIGN CORPORATION TO TRANSACT		
1. Long Island Ink Cu	ORP	
(Enter name of corporation: must include "INCORPORATED. "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")	" "COMPANY." "CORPORATION,"	
(If name unavailable in Florida, enter alternate corporate name		
2. NEW JORK (State or country under the law of which it is incorporated) 3.	29-1128117	
4. <u>2009</u> 5.	(Date of duration, if other than perpetual)	
(Date of incorporation)	(Date of duration, if other than perpetual)	
6.		
•	n Florida, if prior to registration) 502, F.S., to determine penalty liability) pal office address) NOUY GNI C AA 30135 ng address if different)	
	_ · · · · · · · · · · · · · · · · · · ·	
8. Name and street address of Florida registered agent: (P. Name:	O. Box NOT acceptable)	
Office Address: 809 DENEGETE West Pulm Beach (City)	KO	
Level Janes		
(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: Vice Chairman: Address: Director: Address: **B. OFFICERS** President: _ Address: ___ Vice President: ____ Address: _____ 11 Secretary: Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum 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.

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

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of LONG ISLAND INK CORP. was filed on 10/09/2009, 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 01/31/2018.

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



Witness my hand and the official soci of the Department of State at the City of Albany, this Olst day of February two thousand and eighteen.

Brenan W. Fitzgerna

Executive Deputy Secretary of State

?01802020030 · HW