F18000001107

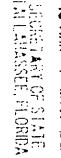
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: PC WIN -84039

Office Use Only



200304664922

10/19/17--01034--026 **78.75



S. WARREN MAR 0.7 2018



October 20, 2017

RONALD J EAGAR GRASSI & CO 50 JERICHO QUADRANGLE, SUITE 200 JERICHO, NY 11753

SUBJECT: GRASSI & CO., CERTIFIED PUBLIC ACCOUNTANTS, P.C.

Ref. Number: W17000084039

We have received your document for GRASSI & CO., CERTIFIED PUBLIC ACCOUNTANTS, P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with 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.

Letter Number: 317A00021259

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

GRASSI & CO.



Accountants and Success Consultants®

Accounting, Auditing, Tax, Litigation Support, Valuation, Management & Technology Consulting

October 18, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find Grassi & Co.'s Application by Foreign Corporation for Authorization to Transact Business in Florida, as well as a check and our New York State Certificate of Good Standing.

We draw your attention to the Certificate from the State of New York Department of State regarding Grassi & Co.'s Certificate of Incorporation. The document indicates that our "Biennial Statement" is past due. Under New York law, Grassi & Co. is required to file this statement every two years setting forth the following: (i) the name and business address of its chief executive officer, (ii) the street address of its principal executive office and (iii) the address to which the New York Secretary of State shall forward copies of process accepted on behalf of the corporation.

As of this writing, we are in the process of filing our updated Biennial Statement with New York State. However, none of the required information has changed since our previous filing. If you should have any questions or concerns about our application, please do not hesitate to contact me.

Sincerely

Guido Gabriele General Counsel

COVER LETTER

TO: Registration Section Division of Corporations			
GRASSI & CO. CERTIFIE SUBJECT:	D PUBLIC ACCO	OUNTANTS,P.C.	
	e of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign ("Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Stand	ding" and check are sub	
Please return all correspondence concer Ronald J Eagar	e return all correspondence concerning this matter to the following:		
	Name of F	Person	-
Grassi & Co.			
	Firm/Comp	pany	
50 Jericho Quadrangle, Suite 200			
	Addre	SS	
Jericho, NY 11753			
	City/State an	d Zip code	
REagar@grassicpas.com			
E-mail addre	ss: (to be used for	or future annual report r	notification)
For further information concerning this	matter, please ca	all:	
Ronald J Eagar	516 at (256-3500	
Name of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the following ar	nount:		
□ \$70.00 Filing Fee X \$78.75 Fili Certificate		\$78.75 Filing Fee & Centified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

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 co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," "C rp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name adop	nted for the purpose of transacting b	usiness in Florida)
New York	11-	3266576	
/State or country	under the law of which it is incorporated)	(FEI number, if applic	cable)
05/22/1005	•		
	of incorporation)	(Date of duration, if other tha	un pernetual)
(Date of incorporation) (Date of dura Obtained Temporary Practice Permit on 1/26/2017 (File No. 16890; Application No. 5		,	ii perperdary
Obtained Tempt	(Date first transacted business in Flo		
ou Jeneno Quadn	(Principal o	office address)	
		15 11 55	=======================================
Name and street	(Current mailing as a second second continuous control of the cont	ddress, if different) Box NOT acceptable)	SECULTARY OF
	et address of Florida registered agent: (P.O. B		MAR -7 OKC ARO LAHASSE
Name:	REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DRIVE, SUITE A		

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) Possis kied Agen 15 Stations In

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: _ not applicable Vice Chairman: Address: _ not applicable Director: Address: __ not applicable Director: Address: _ **B. OFFICERS** Louis C Grassi President: 50 Jericho Quadrangle, Suite 200 Address: _ Jericho, NY 11753 Ronald J Eagar Vice President: 50 Jericho Quadrangle, Suite 200 Address: Jericho, NY 11753 Ronald J Eagar Secretary: Ronald J Eagar Address: Jericho, NY 11753 Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. President Vice 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.

Ronald J Eagar

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GRASSI & CO., CERTIFIED PUBLIC ACCOUNTANTS, P.C. was filed on 05/22/1995, 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.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of February two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State