## F18000001563

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
	Office Use Only



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J. LEGGETT APR 0 3 2018

118000017436



February 21, 2018

ELEGIOS PENA 117 OAK AVENUE SHIRLEY, NY 11967 US

SUBJEČT: ISLIP KITCHENS & TRIM, INC.

Ref. Number: W18000017436

We have received your document for ISLIP KITCHENS & TRIM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 518A00003610

RECEIVED
APR 0 2 2018

www.sunbiz.org

Division of Corporations P.O. ROY 6397 Tallahassaa Florida 39314

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE	CT: Islip Kitchens 17 Name of corporatio	Tim. Inc	A/N	NEWBOXLI		
	Name of corporatio	n - must incl	ude suffix			
Dear Sir	or Madam:					
Certific	osed "Application by Foreign Corporation for ate of Existence," or "Certificate of Good Sta ferenced foreign corporation to transact busin	inding" and o	check are subn			
Please re	turn all correspondence concerning this matte	er to the follo	owing:			
	FLEGIOS PENA					
	ELEGIOS PENA Name of	f Person				
		,				
<del> </del>	Islip Kitchens of Trin Firm/Col	<i>Zeic,</i> mpany				
	117 O.A.K AUGI) Add	UE		<u> </u>		
	Add	ress				
	SHIRLEY NY	11967				
	SHINCEY NY City/State	and Zip code	2			
i	Telland, collect	/				
	E-mail address: (10 be used	for future a	nnual report no	tification)		
ror turti	er information concerning this matter, please	can:				
	FIFTHER PFUA BLIGG!	1 2				
	Name of Person Area Co	de D	aytime Telepho	one Number		
	TREET/COURIER ADDRESS:		MAILING AD			
	Registration Section		legistration Sec			
	Division of Corporations		Division of Cor	porations		
	Clifton Building		P.O. Box 6327	22214		
	2661 Executive Center Circle Fallahassee, FL 32301	J	`allahassee, FL	. 32314		
Enclose	is a check for the following amount:					
<b>⊐</b> \$70.0	00 Filing Fee	□ \$78.75 Fi	_	\$87.50 Filing Fee Certificate of Status &		
			• •	- Certified Copy		

## 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.

,	May Vack		
(State or com	try under the law of which it is incorporated)  (FEI number, if a	applicable)	
4. 0	te of incorporation)  5.  (Date of duration, if other		
(Da	te of incorporation) (Date of duration, if othe	er than perpetual)	
6			
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabi	ility)	
7	117 Oaks Avenue Stricter NY 1	11967	
	117 Oaks Lucice SKirley NY 1 (Principal office address)	<u> </u>	
	(Current mailing address, if different)	<u>ھ</u> ج	
		. 50	•
	eet address of Florida registered agent: (P.O. Box NOT acceptable)	. 12	
Name:	ELEGIOS PENA		•
Office Address	1503 450 TACK AUGUS	:	
Office Address.	15 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -		
	<u>ELEGIOS PENA</u> <u>1503 HERITAGE AUENUE</u> <u>SPRING HILL</u> , Florida <u>34606</u> (City) (Zip code)	· -	

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.

(Registered agent's signature)

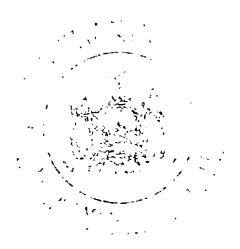
11. Names and	husiness addresses of officers and/or directors:
A. DIRECTO	RS
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	ELEGIOS PENA
Address:	SHINGS PENA  SHINGS NJ 11967
	SHINGY NJ 11967
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Signature of Director or Officer
are true and tha	lirector signing this document (and who is listed in number 11 above) affirms that the facts stated herein the or she is aware that false information submitted in a document to the Department of State constitutes clony as provided for in s.817.155, F.S.
13	ELEHOS PEUS 02/14/2018
	(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 ISLIP KITCHENS & TRIM, INC. was filed on 05/10/2004, under the name of ISLIP KITCHEN & TRIM, INC., 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.

A Certificate of Amendment ISLIP KITCHEN & TRIM, INC., changing its name to ISTIP KITCHENS & TRIM, INC., was filed 05/27/2004.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of February two thousand and eighteen.

Brandan IV Eitnamild

Brendan W. Fitzgerald Executive Deputy Secretary of State