

# FILED 2773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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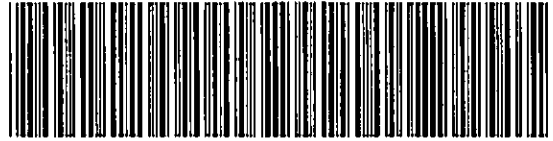
(Business Entity Name)

(Document Number)

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

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Office Use Only



900312971059

06/05/18--01006--008 \*\*650.00

05/04/18--01027--001 \*\*70.00

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DATE 10/1/18 BY 1011/18

FILED

6/13/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2018

JAMES E MACKEVICH, ESQ  
1435 RARITAN RD  
CLARK, NJ 07066

SUBJECT: SEICKEL & SONS, INC.  
Ref. Number: W18000043613

We have received your document for SEICKEL & SONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00. CHECK ENCLOSED

The name and title of the person signing the document must be noted beneath or opposite the signature. - NOTED

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00009677

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RECORDED

2018 JUN -1 AM 11:40

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEICKEL & SONS, INC.

\_\_\_\_\_  
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:

JAMES E. MACKEVICH, ESQ.

_____ Name of Person	<b>FILED</b> 2010 JUN - 1 A 1:40 TALLAHASSEE, FL
MACKEVICH, BURKE & STANICKI	
_____ Firm/Company	
1435 RARITAN ROAD	
_____ Address	
CLARK, NJ 07066	
_____ City/State and Zip code	
JMURRAY@MBSLAWYERS.COM	
_____ E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

JOSEPH SEICKEL	973	242-1948
_____ Name of Person	at (_____) 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:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$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.*

SEICKEL & SONS, INC.

1. \_\_\_\_\_  
(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 YORK 3. 13-2734652  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 5, 1973 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. DECEMBER 8, 2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 360 ELIZABETH AVENUE, NEWARK, NJ 07112  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

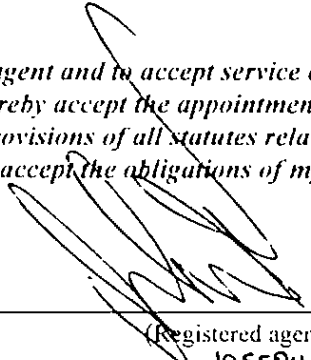
Name: JOSEPH SEICKEL

Office Address: 103 NE 19TH AVENUE, APT 238

DEERFIELD BEACH 33441  
(City) (Zip code)  
Florida

**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)  
**JOSEPH SEICKEL**

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.

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2019 JUN -1 A 11:40  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

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

**A. DIRECTORS**

Chairman: JOSEPH SEICKEL

Address: 360 ELIZABETH AVENUE  
NEWARK, NJ 07112

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

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

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

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

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

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

**B. OFFICERS**

President: JOSEPH SEICKEL

Address: 360 ELIZABETH AVENUE  
NEWARK, NJ 07112

Vice President: \_\_\_\_\_

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

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

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

Treasurer: \_\_\_\_\_

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

**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. JOSEPH SEICKEL 

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

FILED  
2011 JUN - 1 AM 11:10  
CLERK OF SUPERIOR COURT  
NEWARK, NJ

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of SEICKEL & SONS, INC. was filed on 02/05/1973, 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.



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2018 JUN -1 A 11:40  
ALBANY, NEW YORK

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 24th day of April two  
thousand and eighteen.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*