F180000033321

(Requestor's Name)						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
/						
/						

Office Use Only



300315580563

07/12/18--01011--017 **78.75

B JUL 12 PH 2:54

O SMAMONS JUL 20 2018

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Blue Island Oyster Compar	y, Inc.		
SUDJ		of corporation -	must include suffix	
Dear S	iir or Madam:			
"Certi		te of Good Standi	athorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.	
	return all correspondence concer Quartuccio	ming this matter to	the following:	
***		Name of Pe	rson	
Blue Is	słand Oyster Company, Inc.			
		Firm/Compa	iny	
PO Bo	x 31			
		Address		
West S	Sayville, NY 11796			
		City/State and	Zip code	
lauren	b@blueislandoysters.com	. <u> </u>		
	E-mail addre	ess: (to be used for	future annual report notification)	
For fu	rther information concerning this	matter, please cal	1:	
Lauren Barton 6.		631	5€ ,563-1330	
	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		CSS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check for the following a	mount:		
□ \$7	0.00 Filing Fee		\$78.75 Filing Fee & Sertified Copy Sertified Copy 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.

Blue Island Oyster Company, Inc.								
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp,")	D." "C	OMPANY," "CORPORATIO	V."				
Blue Island Oys	iters Inc.							
(If name unavaila	able in Florida, enter alternate corporate na	me ador	nted for the purpose of transacting	ng business in Florida)				
New York 2.		45-4416151						
2. (State or country under the law of which it is incorpor		3						
January 31, 201	2							
(Date of incorporation)		5	(Date of duration if other	than paraetual)				
(1)alc	of incorporation)		(Date of duration, if other than perpetual)					
6	(Date first transacted busines							
7	, West Sayville, NY 11796 (Pri Sayville, NY 11796	ncipal o	ffice address)					
	(Current m	ailing ac	ddress, if different)	-				
8. Name and stree	et address of Florida registered agent: (John O'Connell	(P.O. B	ox <u>NOT</u> acceptable)	18 JUL SECRETA SECRETA				
Office Address:	2725 NE 14th Street causeway suite 6		_	ILEU IMSSEET				
	Pompano Beach Fl. 33062	ompano Beach FL 33062						
	(City)		(Zip code)	2: 54 LORIDA				

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)

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 Chris Quartuccio Chairman: 227 Greene Ave. Address: Sayville, NY 11782 Vice Chairman: Address: Address: _ ô Director: **B. OFFICERS** Chris Quartuccio President: 227 Greene Ave. Address: Sayville, NY 11782 Vice President: Address: Secretary: _ Address: _ Treasurer: NOTE:/If necessary, you may attach an addendam 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. Chris Quartuccio - President 13. _

(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 BLUE ISLAND OYSTER COMPANY INC. was filed on 02/01/2012, 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.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of June two thousand and eighteen.

Drandan W. Fitzgarald

Brendan W. Fitzgerald

Executive Deputy Secretary of State