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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

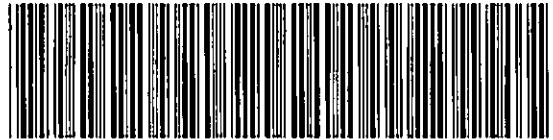
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL PRO APPRAISAL MANAGEMENT, 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:
SHARON ANN COX, ESQ.

Name of Person

SHARON ANN COX, P.A.

Firm/Company

7154 N. UNIVERSITY DRIVE, # 283

Address

TAMARAC, FL 33321

City/State and Zip code

SHARONCOX@SACOXLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON COX

561

235-2113

at ()

Name of Person

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

ALL PRO APPRAISAL MANAGEMENT, 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)

NEW YORK

2. _____ 3. 46-3446424
(State or country under the law of which it is incorporated) (FEI number, if applicable)

AUGUST 12, 2013

PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

NO PRIOR BUSINESS - WILL START UPON SECRETARY OF STATE REGISTRATION

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

2 EAST BLACKWELL STREET, UNIT # 9D, DOVER, NJ 07801

7. _____
(Principal office address)

2 EAST BLACKWELL STREET, UNIT # 9D, DOVER, NJ 07801

(Current mailing address, if different)

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

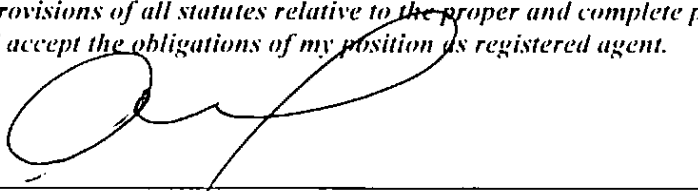
Name: SHARON ANN COX, P.A.

Office Address: 7154 N. UNIVERSITY DRIVE, # 283

TAMARAC, Florida 33321
(City) (Zip code)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: KEITH BISIGNANO
Address: 2 EAST BLACKWELL STREET, UNIT #9D
DOVER, NJ 07801

Vice Chairman: N/A
Address: _____

Director: n/a
Address: _____

Director: N/A
Address: _____

B. OFFICERS

President: KEITH BISIGNANO
Address: 2 EAST BLACKWELL STREET, UNIT #9D
DOVER, NJ 07801

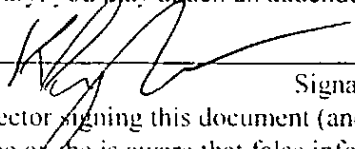
Vice President: N/A
Address: _____

Secretary: N/A
Address: _____

Treasurer: N/A
Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Signature of Director or Officer

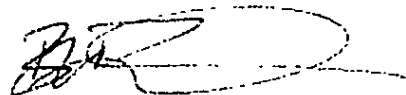
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. KEITH BISIGNANO, CEO AND PRESIDENT
(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 ALL PRO APPRAISAL MANAGEMENT, INC. was filed on 08/12/2013, 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 18th day of June two
thousand and eighteen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*