F1800003491

(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:						
W18-48852						

Office Use Only



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SECRETARY OF STATE
IALLAHASSEE FLORIDA

D. BRUCE JUL 31 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2018

JONATHAN BLOOM BLOOM & FREELING 2295 NW CORPORATE BLVD., SUITE 117 BOCA RATON, FL 33431

SUBJECT: DURABLE GM PRODUCTS, INC.

Ref. Number: W18000068852

We have received your document for DURABLE GM PRODUCTS, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Deborah Bruce Corporate Records Supervisor SECRETARY OF STATE ASSET FLORIDA

www.sunbiz.org

DO DOM GOOD BUILDING THE STATE OF THE STATE

COVER LETTER

TO:	Registration Section Division of Corporations						
	Durable GM Produc	ts, Inc.					
SUB,	JECT:						_
		Name of corporatio	n - must incl	ude suffix			
Dear !	Sir or Madam:						
"Certi	nclosed "Application by Fo ifficate of Existence," or "Co referenced foreign corpora	rtificate of Good Sta	inding" and c	theck are sub			
Please Jonath	e return all correspondence (han Bloom	concerning this matte	er to the follo	owing:			
Bloon	n & Freeling	Name of	l Person				
2295	NW Corporate Blvd., Suite 11'	Firm/Cor	mpany				
Boca	Raton, FL 33431	Add	ress				_
jbloor	n@bloom-freeling.com	City/State	and Zip code	<u> </u>	7. 1. 2.	SEUN J	_
	E-mai	address; (to be used	for future as	mual report i	مَّة (notification		
For fi	arther information concernit	ng this matter, please	call:		SEE	2 6 F	
Jonath	kın Bloom	561 at (86-4-000	0	FLORII	Parti	
	Name of Person	Area Co		aytime Telep	hone 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				
Enclo	osed is a check for the follow	ving amount:					
= \$7		75 Filing Fee & tifficate of Status	S78.75 Fi Certified	-	S87.50 F Certifier Certifier	ite of Stati	us &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	poration; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
")nc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")	·	
(If name unavaila Penusylvania		23-2367258	
(Stute or country	3	(PEI number, if applicable)	· .
9/13/85			
,	5 5.	(Date of duration, if other than purp	atual\
(Daic	of incorporation)	(Date of thiration, it office than perp	c(titi)
	(Date first transacted business in ISRE SECTIONS 607.1501 & 607.150		
	sboro Mile, Unit 909, Hillsboro Beach	, Florida 33062	2918 SEE
	(Principa	al office address)	JUL 3
	(Current mailing	g address, if different)	S
. Name and stree	t address of Florida registered agont: (P.O Sheldon E. Gross	. Box <u>NOT</u> acceptable)	FLORIE
Name:	1063 Hillsboro Mile UNIT 909	- 	
Office Address:	1003 HUISDOLO MILE CHALL 303		
office Address.	Hillslboro Beach	33062	
	pro-pro-	, Florida (Zip code)	
	(City)	(Zip code)	
Registered so	ent's acceptance:		
Having been nam lesignated in this	ed as registered agent and to accept servion application, I hereby accept the appointmomply with the provisions of all statutes re	ient as registered agent and agree to ac	t in this capacity. I
luties, and I am f	amiliar with and accept the obligations of	my position as registered agent.	
43	$A \cup A \cap P_n$	2510821	
Œ)			
'W	(Registered a	gent's signature)	

11. Names and business addresses of officers and/or directors: A. DIRECTORS Sheldon E. Gross Chairman: PO BOX 345 Address: Deerfield Beach, Florida 33443 Vice Chairman: Address: _____ Director: ___ Address: Address: B. OFFICERS Sheldon E. Gross President: PO BOX 545 Address: Deerfield Beach, Florida 33443 03100 117100 Vice President: Address: __ Secretary: _ Address: Treasurer: Address: NOTE: If necessary, you may attach an addengue to the application listing additional officers and/or directors. Agnature 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. Sheldon E. Gross, President 13. ___ (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 07/20/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

LDO HEREBY CERTIFY THAT,

DURABLE G.M. PRODUCTS, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SANSYLVAMIA

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180720141170-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify