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(((H18000233844 3)))



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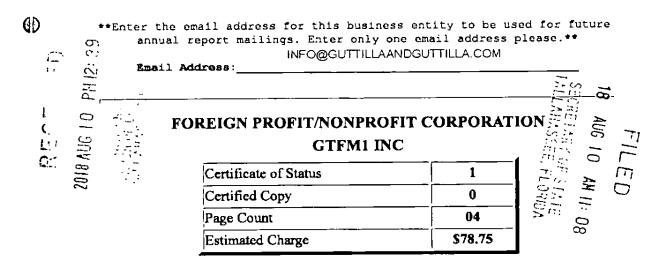
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H18000233844 3

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.

E GTFM1 INC	
(Name of corporation; must include the word "INCOR	PORATED", "COMPANY", "CORPORATION"
"Inc.,""Co.," "Corp," "Inc." "Co," or "Corp.")	
(If name unavailable in Florida, enter afternate corporate nam	e adopted for the purpose of transacting business in Florida)
NEW IEDSEV	3. 82-3228841
2. NEW JERSEY (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 10/27/2017	5. PERPETUAL
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	<u> </u>
6. (Date first transacted busi	iness in Florida if prior to registration.)
	607.1502, F.S., to determine penalty liability)
7. 96 LINWOOD PLAZA, UNIT 226, FORT LE	E. NJ 07024
(Princ	ripal office address)
96 LINWOOD PLAZA, UNIT 226, FORT LE	E. NJ 07024
	ent mailing address)
	88 SEE - 08
8. Name and street address of Florida registered agent:	(P.O. Box NOT acceptable)
Name: HUBCO REGISTERED AGEN	IT SERVICES, INC.
Office Address: 155 OFFICE PLAZA DRIVE, 1	IST FLOOR
TALLAHASSEE (City)	, Florida, <u>32301</u> (Zip code)
(Chy)	(Est, CAC)
9. Registered agent's acceptance:	
Province have a seriet and a good and to accord activity	ce of process for the above stated corporation at the place designated in
this application. I hereby accept the appointment as registe	red 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.	
K L.	of while
Registered age	ent's signature) HUBCO REGISTERED AGENT SERVICES, INC.
BRUCE B. HÜBBÄRD-PA	RESIDENT

^{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.

H18000233844 3

A. DIRECTO	RS (Street address only - P.O. Box NOT acceptable)
Chairman:	ANTHONY BARONE
Address:	96 LINWOOD PLAZA, UNIT 226
 -	FORT LEE, NJ 07024
Vice Chairma	n:
Address:	
Director:	
B. OFFICE	RS
President:	ANTHONY BARONE
Address:	96 LINWOOD PLAZA, UNIT 226
	FORT LEE, NJ 07024
Vice Preside	nt:
Address:	
Secretary:	
Address:	
	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
12	(Signature of Director or Officer listed in number 12 of the application)
13	ANTHONY BARONE-PRESIDENT

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

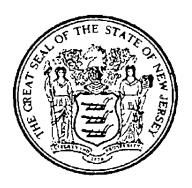
GTFM1 INC 0450211932

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 27, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANTHONY BARONE 96 LINWOOD PLAZA #226 FORT LEE, NJ 07024



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of August, 2018

Show A Place

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6090386422

Verify this certificate online at

https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp