F1800003981

(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:
Judith GAVE
(ADD INC)
8/28/18 DDC. EXAM

Office Use Only



200317404322



FILED
2018 AUG 23 PH 3: 15
SECRETARY OF STATE
ORIUM

N CULLIGAN.
AUG 2 8 2018

COVER LETTER

~	stration Sectionsion of Corpor				
SUBJECT:	Simo	ne a live	زهادج.	NY LT	7
		Name of corpo	oration - must	include suffix	
Dear Sir or N	Aadam:				
"Certificate o	of Existence,"	by Foreign Corporation "Certificate of Goo orporation to transact	d Standing" a	nd check are sub	ct Business in Florida," emitted to register the
Please return	all correspon	dence concerning this	matter to the f	ollowing:	
_1,	with t	50878			
	<u> </u>	Na	me of Person		_
Simor	1 + 3 L	ssociates-	NY W	0	
		Firm	n/Company		
333	, Li. 2	ATL Styce	1 Sur	08 #34	l
		(==	Address	·	
New	rich.	N 2 1001 City/S	8		
<u> -1400</u>	1601m	ONE - OROU E-mail address: (to be	used for futur	e annual report i	notification)
		ncerning this matter, p		•	,
·	_				
<u>Gina</u>	GA8EN	at (Z	12 0	89-300	23
Nan	ne of Person	Aru	a Code	Daytime Telep	hone Number
	EET/COURI	ER ADDRESS:		MAILING A Registration S	
_	sion of Corpo			Division of Co	orporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					
	ahassee, FL 3			rananassee, r	L 32314
Enclosed is a	i check for the	following amount:			
□ \$70.00 Fi	iling Fee C	3 \$78.75 Filing Fee & Certificate of Statu		5 Filing Fee & ied Copy	S87.50 Filing Fee. Certificate of Status &

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.

	1. Simone + Associates-NY, Lito Inc
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	the, co, of corp.)
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
	2. New York (State or country under the law of which it is incorporated) 3. 27-4037465 (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
	4. 11 23 2010 (Date of incorporation) (Date of duration, if other than perpetual)
	(Date of incorporation) (Date of duration, if other than perpetual)
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
	7. 333 LO. 39 T Styeet, Scate 801, NY, NY 10018 (Principal office address)
	(Principal office address)
	(Current mailing address, if different)
<	8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morshu Steinberg Office Address: 10667 A Ladypalm Lane Bock Raton (City) (P.O. Box NOT acceptable) ARETARY (City) (City) (P.O. Box NOT acceptable)
	Name: Morsha Steinberg Office Address: 10667 A Ladypalm Lane BOCA RATON Florida 33498 (City) (Zip code)
	ASS 23
	Office Address: 10667 A Ladypalm Lane
	BOCA RATION Florida 33498 700 W
	(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 have by occept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all traduces relative to the provisions and agree to act in this capacity.
	duties, and I am familiar with and accept the obligations of my position as registered agent.
	- May the
	(Registered bgent's signature)
	10. Attached in Appril 5-1-1. Communication of the state

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 Chairman: _____ Address: ____ Vice Chairman; Address: _____ Director: Address: Director: __ Address: **B. OFFICERS** Vice President: MOW-IN NY, NY 10001 Treasurer: Address: NOTE: If pecessary, you may attach an addendum 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.

(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 SIMONE & ASSOCIATES-NY, LTD. was filed on 11/23/2010, 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 15th day of August two thousand and eighteen.

De la companya della companya della companya de la companya della companya della

Brendan W. Fitzgerald

Executive Deputy Secretary of State