

F18000004288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

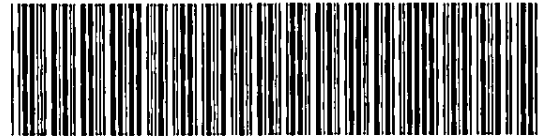
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LINECOR DISTRIBUTION SOLUTIONS 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:

ALAN GOLDBERGER  
Name of Person  
ALAN GOLDBERGER CPA  
Firm/Company  
462 SEVENTH AVENUE, FL 12  
Address  
NEW YORK, NY 10018  
City/State and Zip code  
AGOLDBERGER@AJGCPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN GOLDBERGER                      516                      413-8395  
Name of Person                      at (                      )                      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:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$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.

1. LINECOR DISTRIBUTION SOLUTIONS INC.

(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)

2. NEW JERSEY 3. 47-1620878

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 19, 2014

5. \_\_\_\_\_

(Date of incorporation) (Date of duration, if other than perpetual)

OCTOBER 1, 2018

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

7. 1200 ROUTE 22 EAST, SUITE 2000, BRIDGEWATER, NJ 08807

(Principal office address)

(Current mailing address, if different)

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STATE OF FLORIDA  
TALLAHASSEE

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

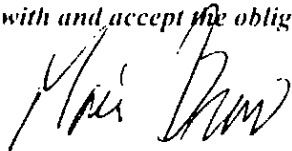
Name: MARIA BRUNO

Office Address: 1104 BEACON ST NM

PALM BAY, Florida 32907  
(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.

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

**A. DIRECTORS**

Chairman: SAL BRUNO  
Address: 929 LINCOLN BLVD, MIDDLESEX, NJ 08846

Vice Chairman: MITCH LEVINE  
Address: 164 COUNTRY CLUB DRIVE, COMMACK, NY 11725

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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**B. OFFICERS**

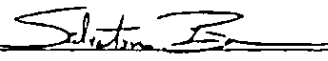
President: SAL BRUNO  
Address: 929 LINCOLN BLVD, MIDDLESEX, NJ 08846

Vice President: MITCH LEVINE  
Address: 164 COUNTRY CLUB DRIVE, COMMACK, NY 11725

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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. SAL BRUNO, CHAIRMAN AND PRESIDENT  
(Typed or printed name and capacity of person signing application)

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

**LINECOR DISTRIBUTION SOLUTIONS INC.  
0400681370**

*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 August 19, 2014.*

*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:*

*SAL BRUNO  
114 CLINTON ROAD  
PO BOX 1371  
WEST CALDWELL, NJ 07007*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
11th day of September, 2018*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6091140043*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCerti/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCerti/JSP/Verify_Cert.jsp)*