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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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SUBJECT	. (Kan	Sales	+ S.	zrvic	e G. Inc	.
		` 	Name of	corporat	ion - mi	ist include suffix	
Dear Sir or N	√ladam:						
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Please return	all corresp	ondence	concerning	this ma	tter to t	ne following:	
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Enclosed is a	i check for	the follov	ving amour	nt:			
☐ \$70.00 Fi	iling Fee		75 Filing F tificate of S			3.75 Filing Fee & rtified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy



September 11, 2018

Jessica Oliveira Gekay Sales + Service Co., Inc. 15 Dana Way Ludlow, MA 01056

SUBJECT: GEKAY SALES + SERVICE CO., INC.

Ref. Number: W18000081100

We have received your document for GEKAY SALES + SERVICE CO., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 818A00018845

Lyn Shoffstall Bureau Chief

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, ISO3. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FREGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATION. 1. Cekay Sales + Service Co., Inc. (Enter name of desporation: must include "INCORPORATED," "COMPANY," "CORPORATION." The., "Co.," "Corp," "Inc.," "Co," or "Corp.")	THE SEP
"Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.")	
S S C T T S	_
(Phame-unavailable in Florida-enter alternate corporate name adopted for the purpose of transacting business in Fkirida	٠ آھ
2. MA (State or country under the law of which it is incorporated) (FEI number, if applicable)	4.7
(FEI number, if applicable)	
(Date of transparential)	
1 8 21 1978 (Date of incorporation) 5. (Date of duration, if other than perpetual)	
(Date first transacted business in Floriday if prior to registration) (SEE SECTIONS 607.150) & 607.1502 F.S. to determine a section.	
7. 15 Dani Way Ludlas MA 01056 (Principal office address)	
(Principal office address)	
(Current mailing address, if different)	••
8. Name and street address of Horida-registered-agents-(P.O. Box NOT acceptable)	
Name: Claysted	
Office Address: 419 Opal Aue	
Name: Clasted Office Address: 419 Opal Ave Aubarndale Florida 33523 (City) (Zip code)	
(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.

41. N. ees and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Warc Kutz
Address: 33 Agua Vitae Rd
Hadley mA 01035
Vice Chairman: John Salvia
Address: 2298 Stanford Dr
Wichliffe OH 44092
Director: Chais Mason 75 3
Address: 67 Robak Dr
Chicopec MA 01020
Director: Saw Katz
Address: 603 S Melville Are Apr B
Tampa FC 33606
B. OFFICERS
President:
Address:
Vice President:
Address:
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. Chr. 1 to the Massacity of person signing application)
(ryped or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

September 19, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

GEKAY SALES & SERVICE CO., INC.

is a domestic corporation organized on **August 21, 1978**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Mein Tranin Galicin

rocessed By: BOD