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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP • WAIT MAIL

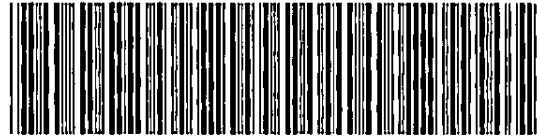
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE

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T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARLYLE MANAGEMENT CORP
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:

GERALD SIMON
Name of Person
CARLYLE MANAGEMENT CORP
Firm/Company
P. O Box 803
Address
KATONAH NY 10536
City/State and Zip code
G.SIMON@CARLYLEMGMT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD SIMON at (914) 232-0795
Name of Person Area Code 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. CARLEE MANAGEMENT CORP
(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 YORK 3. 11-2439560
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 12, 1977 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. SEPTEMBER 17, 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 754 KATONAH AVENUE, SUITE 203, KATONAH NY 10536
(Principal office address)

P.O. BOX 803, KATONAH NY 10536
(Current mailing address, if different)

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

Name: LOUIS J. CARBONE P.A.

Office Address: 90 SE 4TH AVENUE, SUITE 1
DEER BEACH, Florida 33483
(City) (Zip code)

Registered agent's acceptance:

I, being 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.

[Handwritten signature]
(Registered agent's signature)

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DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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 of the law of which it is incorporated.

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

A. DIRECTORS

Chairman: CHARLES TURNER

Address: PO Box 803
KATONAH NY 10536

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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CLERK OF SUPERIOR COURT
CATALAN COUNTY FLORIDA

OFFICERS

President: GERALD SIMON

Address: PO Box 803
KATONAH NY 10536

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Director: _____

If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Gerald Simon

Signature of Director or Officer

Each officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and correct and that he or she is aware that false information submitted in a document to the Department of State constitutes a felony as provided for in s.817.155, F.S.

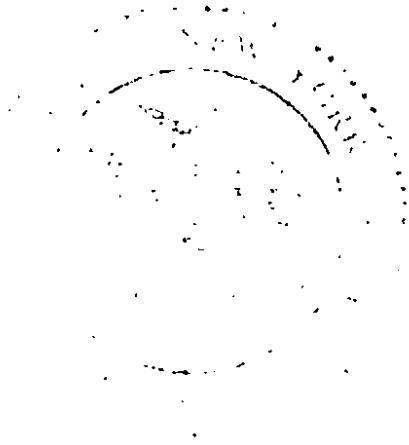
GERALD SIMON, PRESIDENT

(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 CARLYLE MANAGEMENT CORP. was filed on 05/12/1977, under the name of CARLYLE FUNDING CORP., 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.

A Certificate of Amendment CARLYLE FUNDING CORP., changing its name to CARLYLE MANAGEMENT CORP., was filed 02/16/1995.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 10th day of August two
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal dashed line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*