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(1	Requestor's Name)	
(,	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(1	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions PERMISSIN TO ATTO S TO LOS (to Filing Officer: From Rossier Evecen WKP. 70 Ening nones 1/14/19 9:45 An	





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APPROVED
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2019 JAN -4 PM 5: 3:
SECRETARY OF STATE
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COVER LETTER

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TO: Registration Se Division of Cor	porations	0	
SUBJECT:	Kobinson	on - must include suffix	
	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	tion by Foreign Corporation fre," or "Certificate of Good S on corporation to transact busi	tanding" and check are sub	
Please return all corres	oondence concerning this mat Robert Name	ter to the following: + Engle of Person	
7805	NW BEACON	ompany Square B	112-512203
Boci	a Raton	FL 3348	Pフ
	Rengler CPI	e and Zip code A C AOL. Co. Indicate the control of the control	M
For further information	concerning this matter, pleas	•	outrour)
Name of Person	Engler at (56) Area C	ode Daytime Telepl	hone Number
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
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. Robinson CPA PC, CORP.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	
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. 1/-34/5708	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4	
(Date of incorporation) (Date of duration, if other than perpetual) 6. HAS NOT Transacted any business	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 7805 NW BEACON SQUARE BIND - Ste 203 BOUT MATON FC (Principal office address)	
	¥ ,
(Current mailing address, if different)	
(current maning address, it different)	
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Robert Engler	; 1
TO THU BOX ON CHAR BLO - CTS 20 20 5 FINES	
Office Address: 100 NW VACON SALUTE WINK - 5/12 75 50 000	
Buch Katon Florida 33981	
(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.	
, and the same transfer to the same of the property of the same of	

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: Richard Leychin
Chairman: KichArd Leychin Address: 488 MADISON Ave, 23rDFC New York NY 100m
Vice Chairman: Stewart Robinson
Address: 488 MADISON AVE, 73, QFC New York NY 10022
Director: Robert A. Engler
Director: Kobert A. Engler Address: 7805 NW BLACON Square Blud-STE203 BOLA RATONIE 3348,
Director:
Address:
SSEC P D
B. OFFICERS
President: (hich Ard Levychin)
Address: 488 MADISON Ave, 13rd H New York NY 10021
Vice President: Stewart Robinson
Address: 488 MADISON Ave 75 of HI Naw York NY 10072
Secretary: Robert A Engler
Address:) SUS NW BERON Syune BIVE Ste 203 BOXABATONE 3348
Transver Kalaer IT to cake
Address: BOSNU BOSCON Syume Blod- Ste 203 But Noton Fl 3348
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. Robert A Engler CPA/Tressurer/Secty (Typed or printed name and capacity of person/signing application)
(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 ROBINSON, CPA, P.C. was filed on 01/02/1998, under the name of STEWART W. ROBINSON, CPA, P.C., 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 STEWART W. ROBINSON, CPA, P.C., changing its name to ROBINSON, CPA, P.C., was filed 03/16/2018.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 31st day of December two thousand and eighteen.

Whitney Clark

36 34 35

Deputy Secretary of State

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