# F19000000544

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY PH 5: 53

Jr.30,19

### **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
CUDI	Blue Island Shellfish Farms,	Inc.			
SUBJ	ECT:	of comoration	n - must	include suffix	
	T Tallity	or corporation	11145	merade sarrin	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Sta	nding`` a	ind check are sub	
	return all correspondence concert Barton	ning this matte	r to the	following:	
Blue Is	sland Shellfish Farms, Inc.	Name of	Person		
РО Во	x 31	Firm/Con	npany		
West S	Sayville, NY 11796	Addr	ess		
laurent	o@Blueislandoysters.com	City/State a	and Zip	code	
	E-mail addres	ss: (to be used	for futu	re annual report	notification)
For fu	rther information concerning this	matter, please	call:		
Lauren	Barton	631	563	1330	
	Name of Person	at ( Area Coc	) le	Daytime Telep	hone Number
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Enclos	sed is a check for the following an	nount:			
<b>□</b> \$70	0.00 Filing Fee			5 Filing Fee & fied Copy	S87.50 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.

	corporation: must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	."
Blue Island She	Hifish		
(If name unavail		-3537043	-
(State or count June 29, 1999		(FEI number, if ap	
4(Date	e of incorporation) 5	(Date of duration, if other	than perpetual)
6			
	(Date first transacted business in Fl		
7	(SEE SECTIONS 607.1501 & 607.1502 c., West Sayville, NY 11796		2019
7	(SEE SECTIONS 607.1501 & 607.1502 c., West Sayville, NY 11796 (Principal of Sayville, NY 11796	, F.S., to determine penalty liabili	2019
7PO Box 31, Wes  8. Name and stre	(SEE SECTIONS 607.1501 & 607.1502 c., West Sayville, NY 11796 (Principal of Sayville, NY 11796	F.S., to determine penalty liabili office address)	2019 JAN 25 FALLATIASS
7PO Box 31, Wes  8. Name and stre  Name:	(SEE SECTIONS 607.1501 & 607.1502 e., West Sayville, NY 11796  (Principal of Sayville, NY 11796  (Current mailing a set address of Florida registered agent: (P.O. F	F.S., to determine penalty liabili office address)	2019 JAN 25 FALLATIASS
PO Box 31, Wes  8. Name and stre	(SEE SECTIONS 607.1501 & 607.1502  ., West Sayville, NY 11796  (Principal of Sayville, NY 11796  (Current mailing a cet address of Florida registered agent: (P.O. F. John O'Connell	F.S., to determine penalty liabili office address)  address, if different)  Box NOT acceptable)  33154	2019

#### 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.

(Rygistered 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: \_\_\_ Address: \_\_\_ Address: \_\_\_\_\_\_ Director: Director: **B. OFFICERS** Chris Quartuccio President: 227 Greene Ave. Address: Sayville, NY 11782 Vice President: Secretary: \_ Address: \_\_ Address: \_ NOPEX If necessary, 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. Chris Quartuccio - President 13. \_\_\_\_\_

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BLUE ISLAND SHELLFISH FARMS, INC. was filed on 06/29/1999, 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.

The Biennial Statement is past due.



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

Whitney Clark

Deputy Secretary of State