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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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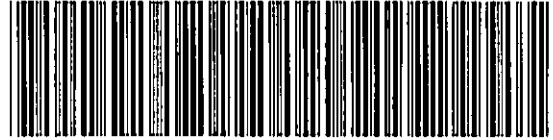
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN 28 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACK GEORGES, 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:
JACK GEORGES

Name of Person

JACK GEORGES INC

Firm/Company

823 MAIN AVENUE

Address

PASSAIC NJ 07055

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADELE LI

973

777-6999 X 316

at (_____) _____

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.*

JACK GEORGES, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

JACK GEORGES

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NJ 3. 13-3434770
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/05/1987 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/14/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 823 MAIN AVENUE, PASSAIC NJ 07055
(Principal office address)

(Current mailing address, if different)

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

Name: C.T. CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION

_____, Florida 33324
(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.

Ray Shupe

(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.

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JAN 28 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JACK GEORGES
8 DAVID LANE
Address: WOODCLIFF LAKE, NJ 07677

Vice Chairman: FRANK GEORGES
446 PASSAIC STREET
Address: HACKENSACK, NJ 07601

Director: _____
Address: _____

Director: _____
Address: _____

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JUN 28 PM 12:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

President: JACK GEORGES
8 DAVID LANE
Address: WOODCLIFF LAKE NJ 07677

Vice President: FRANK GEORGES
446 PASSAIC STREET
Address: HACKENSACK NJ 07601

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. JACK GEORGES 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**

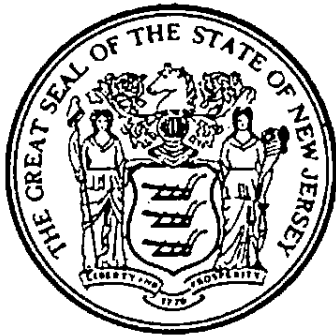
JACK GEORGES, INC.
0100462333

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 September 11, 1990.

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:

JACK GEORGES
823 MAIN AVE.
PASSAIC, NJ 07055-0000



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of January, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6094255416

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCerUJSP/Verify_Cert.jsp