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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2019

CHRISTOPHER DANIELAK 2750 STICKNEY POINT RD SUITE 102 SARASOTA, FL 34231

SUBJECT: SINO AMERICAN INTERNATIONAL, LTD. CORPORATION

Ref. Number: W19000013217

We have received your document for SINO AMERICAN INTERNATIONAL LTD. CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

On line #1 of the application please write SINO-AMERICAN INTERNATIONAL, LTD. Below that please write SINO-AMERICAN INTERNATIONAL, LTD. CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 819A00006161

### 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.

SINO-AMERICAN INTERNATIONAL, LTD,

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."

"Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")

SINO-AMERICAN TOTERNATIONAL, LTD, COR PORATION

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

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

Office Address:

CHRISTOPHER DANIELAK

2750 STICKNEY POINT RD SUITE 102

SARASOTA

(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.

A. DIRECTORS Chairman: Address: \_\_\_\_ Vice Chairman: Address: Address: Director: **B. OFFICERS**  $\alpha$ CHRISTOPHER DANIELAK President: 7 6230 HOLLY WOOD BLVD م. Address: SARASOTA FL 34231 Vice President: Secretary: Treasurer: 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. CHRISTOPHE RDANIELAK PRES.

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

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### SINO - AMERICAN INTERNATIONAL, LTD. 0100580729

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 March 04, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2018

I further certify that the registered agent and office are:

CHRISTOPHER DANIELAK
39 AVENUE OF THE COMMONS #103
SHREWSBURY, NJ 07702

2919 APR - 8 PO 9: ILL

CREAT SEATON SEA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of March, 2019

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6095535552

Verify this certificate online at

https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp