

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
 Account Number : 075350000353
 Phone : (800) 221-2972
 Fax Number : (718) 889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
837-43RD STREET, CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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JUN 11 2019

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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. 837-43RD STREET, 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/02/1996 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 262 Kensett Road, Manhasset, NY 11030
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: BlumbergExcelator Corporate Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Fl.

Tallahassee, Florida 32301
(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.

[Signature] Jose Mojica Asst Sec.
(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.

FILED

2019 JUN 10 AM 5:00

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

A. DIRECTORS

Chairman: Martha MacchioAddress: 262 Kensett Road, Manhasset, NY 11030

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Martha MacchioAddress: 262 Kensett Road, Manhasset, NY 11030

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Martha Macchio
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, P.S.

13. Martha Macchio - President

(Typed or printed name and capacity of person signing application)

FILED

2019 JUN 10 AM 5:01
CLERK OF THE COURT
NEW YORK COUNTY

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of 837-43RD STREET, CORP. was filed on 05/02/1996, 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. I further certify the following:

A Biennial Statement was filed 09/16/2015.

A Biennial Statement was filed 02/22/2019.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of June
two thousand and nineteen.

Whitney Clark
Deputy Secretary of State