

F190000002726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700330487717

RECEIVED
JUN 12 PM 4:26

FILED
2019 JUN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT
JUN 13 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 803189 7655920

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ \$87.50

ORDER DATE : June 11, 2019

ORDER TIME : 9:47 AM

ORDER NO. : 803189-005

CUSTOMER NO: 7655920

FILED
2019 JUN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: LEADING EDGE MANAGEMENT, CORP.

☒ QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEADING EDGE MANAGEMENT, CORP.

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:

JOEL PEREZ

Name of Person

LEADING EDGE MANAGEMENT, CORP.

Firm/Company

204 FULTON AVENUE, SUITE 1R, P.O. BOX 5222

Address

JERSEY CITY, NEW JERSEY 07305

City/State and Zip code

JOEL@PEREZIG.COM

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

For further information concerning this matter, please call:

JOEL PEREZ

at (561) 965 - 8616

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

FILED
2019 JUN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. LEADING EDGE MANAGEMENT, 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 JERSEY

(State or country under the law of which it is incorporated)

3. 82-2818506

(FEI number, if applicable)

4. 09/08/2017

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

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

7. 204 FULTON AVENUE, SUITE 1R, P.O. BOX 5222, JERSEY CITY, NEW JERSEY 07305

(Principal office address)

(Current mailing address, if different)

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

Name: PETER J. SNYDER, P.A.

Office Address: 7301-A W. PALMETTO PARK ROAD

BOCA RATON

(City)

Florida 33433-3403

(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.

Peter J. Snyder, President
(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 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JOEL PEREZ ✓

Address: P.O. BOX 5222

JERSEY CITY, NEW JERSEY 07350

Vice Chairman: _____

Address: _____

Director: LETICIA PEREZ ✓

Address: 932 ALLAMANDA DRIVE

DELRAY BEACH, FLORIDA 33483

Director: LETICIA PEREZ ✓

Address: P.O. BOX 5222

JERSEY CITY, NEW JERSEY 07305

B. OFFICERS

President: JOEL PEREZ ✓

Address: P.O. BOX 5222

JERSEY CITY, NEW JERSEY 07305

Vice President: LETICIA PEREZ ✓

Address: P.O. BOX 5222

JERSEY CITY, NEW JERSEY 07305

Secretary: LETICIA PEREZ ✓

Address: P.O. BOX 5222, JERSEY CITY, NEW JERSEY 07305

Treasurer: LETICIA PEREZ ✓

Address: P.O. BOX 5222, JERSEY CITY, NEW JERSEY 07305

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. Joel Perez Officer

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

FILED
2019 JUN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

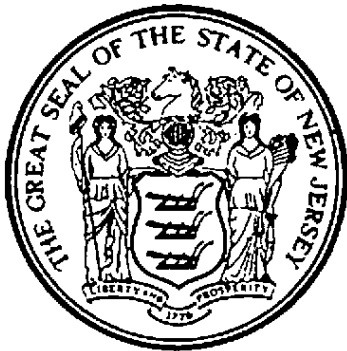
LEADING EDGE MANAGEMENT CORP
0450198866

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 08, 2017.

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:

JOEL PEREZ
204 FULTON AVENUE, SUITE 1R
P.O BOX 5222
JERSEY CITY, NJ 07305



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
11th day of June, 2019.

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6098094776

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

FILED
2019 JUN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA