

F19000003578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

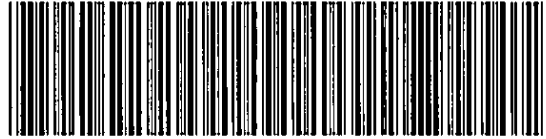
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

✓

Office Use Only



100331999681

07/22/19--01041--004 \*\*07.50

FILED  
19 JUL 22 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

AUG 05 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
POCAS INTERNATIONAL CORPORATION

**SUBJECT:** \_\_\_\_\_  
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:  
ANDREW LEE

\_\_\_\_\_  
Name of Person  
POCAS INTERNATIONAL CORPORATION

\_\_\_\_\_  
Firm/Company  
19 CENTRAL BLVD

\_\_\_\_\_  
Address  
SOUTH HACKENSACK NEW JERSEY 07606

\_\_\_\_\_  
City/State and Zip code  
ANDREWLEE@OKFAMERICA.COM

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

For further information concerning this matter, please call:

ANDREW LEE                      201                      941-7900 EX.103  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

**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.*

POCAS INTERNATIONAL CORP

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

N/A

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
NEW JERSEY 45-2277405

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
MAY 16, 2011 N/A

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
JULY 1st 2019

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
19 CENTRAL BLVD SOUTH HACKENSACK NJ 07606

7. \_\_\_\_\_  
(Principal office address)  
SAME AS ABOVE  
\_\_\_\_\_  
(Current mailing address, if different)

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

ELMER FIGUEROA

Name:

2500 NW 79TH AVE STE 252

Office Address:

DORAL

33122

(City)

, Florida

(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.

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

**A. DIRECTORS**

KYUNGSEOP SHIN

Chairman: \_\_\_\_\_

56 JACKSON DR

Address: \_\_\_\_\_

CRESSKILL NJ 07626

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

KYUNG SEOP SHIN

President: \_\_\_\_\_

56 JACKSON DR

Address: \_\_\_\_\_

CRESSKILL NJ 07626

MIHYE LEE

Vice President: \_\_\_\_\_

56 JACKSON DR

Address: \_\_\_\_\_

CRESSKILL NJ 07626

ANDREW LEE

Secretary: \_\_\_\_\_

19 CENTRAL BLVD SOUTH HACKENSACK NJ 07606

Address: \_\_\_\_\_

SOOK YOON

Treasurer: \_\_\_\_\_

19 CENTRAL BLVD SOUTH HACKENSACK NJ 07606

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.

KYUNGSEOP SHIN

13. \_\_\_\_\_

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

FILED  
JUL 22 PM 2:41  
19  
IN  
CLERK OF SUPERIOR COURT  
TREASURY

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**POCAS INTERNATIONAL CORP**

0400417669

*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 May 16, 2011.*

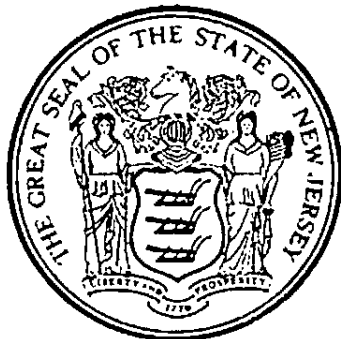
*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*KYUNG S. SHIN  
19 CENTRAL BLVD  
SOUTH HACKENSACK, NJ 07606*

*I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on March 28, 2019.*

**CHIEF EXEC. OFFICER (CEO)**      **KYUNG S SHIN**  
**19 CENTRAL BLVD**  
**SOUTH HACKENSACK, NJ 07606**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
9th day of July, 2019*

**Elizabeth Maher Muoio**  
**State Treasurer**

*Certificate Number : 6098785772*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*