

F19000005191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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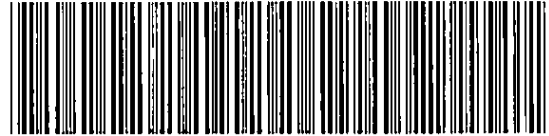
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
CAROLYN IZZO INTEGRATED COMMUNICATIONS INC.

**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:  
Anthony A. Roca, Esq.

_____	Name of Person
The Roca Law Firm, P.A.	
_____	Firm/Company
6303 Blue Lagoon Drive, Suite 400	
_____	Address
Miami, FL 33126	
_____	City/State and Zip code
tony@rocalaw.com	
_____	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Anthony A. Roca, Esq.	305	771-3529
_____	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.*

CAROLYN IZZO INTEGRATED COMMUNICATIONS INC.

1. \_\_\_\_\_  
(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)  
NEW YORK 06-1459058

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
05/17/1996 PERPETUAL

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (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)

95 Merrick Way, 3rd Floor, Coral Gables, FL 33134

7. \_\_\_\_\_  
(Principal office address)

1 Piermont Avenue, Nyack, NY 10960

\_\_\_\_\_  
(Current mailing address, if different)

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

Anthony A. Roca, Esq.

Name: \_\_\_\_\_

6303 Blue Lagoon Drive, Suite 400

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

Miami

\_\_\_\_\_, Florida

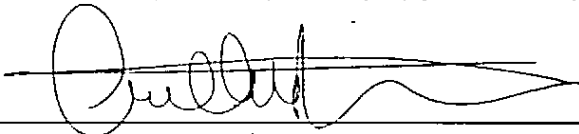
(City)

33126

(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.

2019 NOV 15 PM 12:48  
CLERK OF THE STATE  
OF FLORIDA

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

**A. DIRECTORS**

Chairman: CAROLYN IZZO-FELDMAN

Address: 1 Piermont Avenue  
Nyack, NY 10960

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

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

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

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

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

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

**B. OFFICERS**

President: CAROLYN IZZO-FELDMAN

Address: 1 Piermont Avenue  
Nyack, NY 10960

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. \_\_\_\_\_

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. CAROLYN IZZO-FELDMAN, CEO

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

2018 NOV 15 PM 12:48  
CLERK OF COURT  
STATE OF NEW YORK

CL

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of CAROLYN IZZO INTEGRATED COMMUNICATIONS INC. was filed on 05/17/1996, 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.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 31st day of October two  
thousand and nineteen.*

*Brendan C. Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*