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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3391

****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
TSTREETZ CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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DEC 23 2019

* * * Communication Result Report (Nov. 20. 2019 11:15AM) * * *

1) GEALD WEINBERG
2)

Date/Time: Nov. 20. 2019 11:13AM

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6183

From: Account Name : GEALD WEINBERG, P.C.
Account Number : 12303000013
Phone : (850) 342-5186
Fax Number : (850) 354-3581

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

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FOREIGN PROFIT/NONPROFIT CORPORATION
TETREIZ CORP.

Certificate of Status	0
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Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu Help

2019 Nov. 20 PM 3:23

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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. TStreetz 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

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

3. 45-4890474

(FEI number, if applicable)

4. 3/22/2012

(Date of incorporation)

5.

(Duration: Year corp. will cease to exist or "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. 3000 Marcus Avenue, Suite # 1W5, Lake Success, NY 11042

(Principal office address)

3000 Marcus Avenue, Suite # 1W5, Lake Success, NY 11042

(Current mailing address)

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

Name: INCORPORATING SERVICES, LTD.

Office Address: 1540 GLENWAY DRIVE

TALLAHASSEE

(City)

, Florida 32301

(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.

Melissa A. Stops - Assistant Secretary

(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.

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Dec. 20, 2019 3:53PM

GEALD WEINBERG

No. 3514 P. 4/5

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

A. DIRECTORS

Chairman: Timothy L. Streeter

Address: 3000 Marcus Avenue, Suite # 1W5

Lake Success, NY 11042

Vice Chairman: Karen Streeter

Address: 3000 Marcus Avenue, Suite # 1W5

Lake Success, NY 11042

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Timothy L. Streeter

Address: 3000 Marcus Avenue, Suite # 1W5

Lake Success, NY 11042

Vice President: Karen Streeter

Address: 3000 Marcus Avenue, Suite # 1W5

Lake Success, NY 11042

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 12 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. _____

KAREN STREETER, VICE PRESIDENT

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

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

I hereby certify, that the Certificate of Incorporation of TSTREETZ CORP. was filed on 03/22/2012, 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.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 19th day of November
two thousand and nineteen.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

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