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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FILED

JAN 02 2016
T. LEIMEX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cann-Ade Corporation

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:

Evan Costaldo

Name of Person

Costaldo Law Group P.C.

Firm/Company

3211 Judith Drive

Address

Bellmore, NY 11710

City/State and Zip code

evan@costaldolaw.com

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

For further information concerning this matter, please call:

Evan Costaldo

at (212) 709-8333

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.*

1. Cann-Ade Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Cann-Ade
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Nevada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 27, 2019 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)
7. 916 SW 8th Avenue, Unit 1, Fort Lauderdale, FL 33315
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Benjamin Mogul
916 SW 8th Avenue, Unit 1
Office Address: _____
Fort Lauderdale 33315
(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.



(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

Chairman: Benjamin Mogul
916 SW 8th Avenue, Unit 1, Fort Lauderdale, FL 33315
Address: _____

Vice Chairman: _____
Address: _____

Director: Benjamin Mogul
916 SW 8th Avenue, Unit 1, Fort Lauderdale, FL 33315
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Benjamin Mogul
916 SW 8th Avenue, Unit 1, Fort Lauderdale, FL 33315
Address: _____

Vice President: _____
Address: _____

Secretary: Benjamin Mogul
916 SW 8th Avenue, Unit 1, Fort Lauderdale, FL 33315
Address: _____

Treasurer: Benjamin Mogul
916 SW 8th Avenue, Unit 1, Fort Lauderdale, FL 33315
Address: _____

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

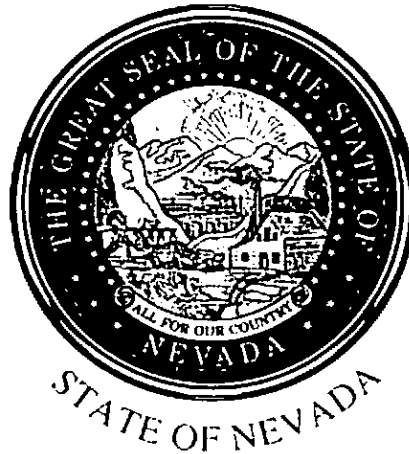
12. Benjamin Mogul
Signature of Director or Officer

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. Benjamin Mogul

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Cann-Ade Corporation**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/27/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/27/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191127399102

You may verify this certificate
online at <http://www.nvsos.gov>

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



OFFICE OF THE
SECRETARY OF STATE

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

EVAN COSTALDO
30 WALL STREET 8TH FLOOR
NEW YORK, NY, NY 10005

Work Order #: W2019112701249
November 27, 2019
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 19165

Charges

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	20190314286	11/27/2019 12:51:11 PM	Approved	1	\$50.00	\$50.00
Total						\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	5748878600266064803013	Success	\$50.00
Total			\$50.00

Credit Balance: \$0.00

EVAN COSTALDO
30 WALL STREET 8TH FLOOR
NEW YORK, NY, NY 10005