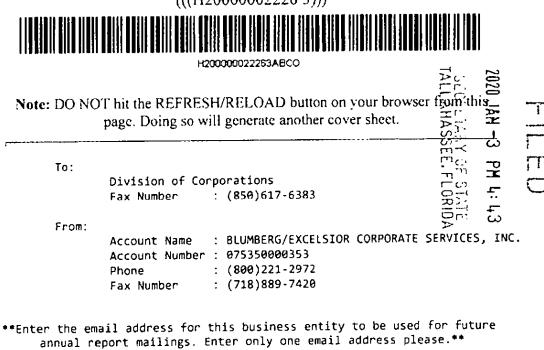
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Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION

Northeast Resolutions Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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. Northeast Resolutions 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 (State or country under the law of which it is incorporated) PERPETUAL (Date of duration, if other than perpetual) (Date of incorporation) 12/02/2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 HENDERSON AVE KENMORE, NY 14217 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BlumbergExcelsior Corporate Services, Inc. Name: 155 Office Plaza Drive, 1st Fl. Office Address: (City) 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.

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.

(Registered agent's signature)

LAUREN DEPASS, Assistant Secretary

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: JACOB MARTINEZ Director: 50 HENDERSON AVE KENMORE, NY 14217 Address: Director: **B. OFFICERS** JACOB MARTINEZ President: ___ 50 HENDERSON AVE KENMORE, NY 14217 Address: _.... Vice President: JACOB MARTINEZ Secretary: ___ 50 HENDERSON AVE KENMORE, NY 14217 Address: ..._____ JACOB MARTINEZ Treasurer: 50 HENDERSON AVE KENMORE, NY 14217 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. JACOB MARTINEZ, PRESIDENT (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certity, that the Certificate of Incorporation of NORTHEAST RESOLUTIONS INC. was filed on 08/22/2018, 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.

I further cortify that no other documents have been filed by such corporation.



Witness my hand and the official seals of the Department of State at the City of Albany, this 02nd day of January two thousand and twenty.

Brade C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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