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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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COVER LETTER

	stration Section sion of Corpora				
SUBJECT:	SORMIR PET	ROLEUM CORPORATIO	N		
000,001		Name of corporati	on - must	include suffix	
Dear Sir or M	ładam:				
"Certificate o	of Existence," of	y Foreign Corporation for "Certificate of Good St poration to transact busi	anding" ar	nd check are subn	
Please return	all corresponde	nce concerning this matt	ter to the f	ollowing:	
JEFFREY JO	HNSTON				
		Name o	of Person		
SORMIR PET	ROLEUM COR	PORATION			
		Firm/Co	ompany		
790 BRADLE	Y PKWY.				
		Ado	dress		
BLAUVELT,	NY 10913				
	<u></u>	City/State	and Zip c	ode	
JEFFJ@SOR					
	E-	mail address: (to be used	d for future	annual report no	tification)
For further in	formation cone	erning this matter, please	e call:		
JEFFREY JOI	HNSTON	at (845	359-3	2020 Daytime Telepho	
Nam	e of Person	Area Co	ode	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIE stration Section ion of Corporat Centre of Tallah N. Monroe Stre hassee, FL 323	ions assee eet, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	ieck payable to: I	ollowing amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	□ \$78.75	TE Filing Fee & ed Copy	S87.50 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.

(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of tran	sacting b	usiness	s in Florida)
DELAWARE	3	13-1765949			
(State or countr	y under the law of which it is incorporated) 3.	13-1765949 (FEI number, if applicable)			
06/29/1928					
	of incorporation)	(Date of duration, if other than perpetual)			
01/01/2020					
	(SEE SECTIONS 607.1501 & 607.15 D TERRACE, NAPLES, FL 34119 (Principal office PKWY., BLAUVELT, NY 10913	ce street address)			
		g address, if different)	E.	2020 JAN	
Name and stree Name:	et address of Florida registered agent: (P.O BRUCE AUGUST	. Box NOT acceptable)	AH AGG	h 137f	
Office Address:	9336 TULIPANO TERRACE		ACREST 3	_ 	
	NAPLES	Florida		ම ඨා	زي
	(City)	(Zip code)	, سر مؤ	Ŵ	

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)

A. DIRECTORS	BRUCE AUGUST		JEFFREY JOHNSTON			
■ Chairman	Name: 9336 TULIPANO TERRACE	□Chairman	Name:			
□Vice Chairman	Address: 9536 FULIPANO FERRACE NAPLES, FL 34119	■ Vice Chairman	Address: BLAUVELT, NY 10913			
Director	MAPLES, PL 34119	Director	BLAOVELT, NT 10913			
President		□President				
□Vice President		■Vice President				
Secretary	□Treasurer	□Secretary	■ Treasurer			
□Other	Other	□Other	Other			
	Name:		ROBERT PATTI			
□ Chairman		□Chairman	Name: 246 DAVIDSON AVE			
□Vice Chairman	Address:	□Vice Chairman	Address: 246 DAVIDSON AVE.			
□Director	SYOSSET, NY 11791	□Director	RAMSEY, NJ 07446			
□President		□President				
□Vice President		■Vice President				
Secretary	Treasurer	□Secretary	□Treasurer			
□Other	□ Other	Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	□Other			
	Use an attachment to report more than six (6). The attached to the index when filing your Florida Department					
12.	Signature of Director or	Officer				
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in number is information submitted in a document to the Department State of the State of t	11 above) affirms th nent of State constitu				



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF "SORMIR PETROLEUM
CORPORATION" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-NINTH DAY OF JUNE, A.D. 1928, AT 1 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 1932, AT 9 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 1936, AT 9 O'CLOCK A.M.

CERTIFICATE OF REDUCTION, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 1936, AT 9 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FOURTH DAY OF MARCH, A.D. 1988, AT 9 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-SECOND DAY OF DECEMBER, A.D. 1993, AT 2 O'CLOCK P.M.



Authentication: 204314998

Date: 12-30-19

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Page 2

Delaware The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "SORMIR PETROLEUM CORPORATION".



Authentication: 204314998

Date: 12-30-19