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Division of Corporations

Fax Number : (

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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## FOREIGN PROFIT/NONPROFIT CORPORATION MEISTER ABSTRACT CORP.

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#### **COVER LETTER**

TO:	Registration 8 Division of C			
SUR	<b>ЛЕСТ:</b>	MEISTER ABSTE	RACT CORP.	
SOD	ECI,	Name of corporation	on - must include suffix	
Dear :	Sir or Madam;			
"Certi	ficate of Existe	eation by Foreign Corporation for nce," or "Certificate of Good Straign corporation to transact busing	anding" and check are submitted	
Please	return all corre	espondence concerning this matt	er to the following:	
		Georgia	Dorsam	
_	-	Name o	of Person	
		InCorp Ser	vices, Inc.	
-		Firm/Co	mpany	<u></u>
		3773 Howard Hughes	Parkway Suite 500\$	
•		Ado	iress	
		Las Vegas,	NV 89169	202
		•	and Zip code	. <u>(</u>
	<u>.</u>	documents@	•	cation)
		E-mail address: (to be used	for future annual report notific	Sation)
For fu	rther information	on concerning this matter, please	call:	
Seorgia		Corp Services, Inc. 8t (	866-2500 ext. 6912	
	Name of Per	son Area Co	ode Daytime Telephone	Number ==
	Registration 5 Division of C The Centre of	orporations f Tallahassee roe Street, Suite 810	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n ations
Please		or the following amount:  able to: FLORIDA DEPARTMEN  5 \$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certificate of Status & Certified Copy

#### H200000285193

## 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.

	able in Clavide, enter alternate cornorate nan	ne adopted for the purpose of transacting busines	s in Florida)		
iame unavan Iew York					
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
		Perpetual			
(Date of incorporation)		(Date of duration, if other than perpe	(Date of duration, if other than perpetual)		
TINORIH	AIRMONT ROAD SUITE 12, SUFFERN, (Principal o	.1502, F.S., to determine penalty liability) NY 10901  ffice street address)			
TINORIH	(Principal c	NY 10901 ffice <u>street</u> address)			
	(Principal c	NY 10901  ffice street address)  ling address, if different)	2020 1 2		
ne and <u>stre</u> Name:	(Principal of (Current mainstrange) (Current mainstrange) (Principal of Current mainst	NY 10901  ffice street address)  ling address, if different)	127		
me and stre	(Principal of Current mainst address of Florida registered agent: (InCorp Services, Inc.  17888 67th Court North	NY 10901  ffice street address)  ling address, if different)	2		

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.

Herrie Orsano Georgia Dorsam on behalf of InCorp Services, Inc.
(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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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS		H2000002	85 193	3
□ Chairman	Name:Avraham Obermeister	□ Chairman	Name:	
□Vice Chairman	Address: 11 North Airmont Road Suite 12	□Vice Chairman	Address:	
☐Director	Suffern, NY 10901	□ Director		
<b>■</b> 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	☐ Treasure:	☐ Secretary		□Treasurer
Other	Other	Other		Other 20
□ Chairman	Name:	Chairman	Name:	27
□Vice Chairman	Address:	☐ Vice Chairman	Address:	<u> </u>
□Director		Director		
□President		□ President		
□Vice President		□Vice President		····
□Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		Other
Important Notice: individuals may b	Use an attachment to report more than six (6). The added to the index when tiling your Florida Def	ne attachment will be image	ed for reporting eport form.	purposes only. Non-indexed
12.	Signature of Dir			
The officer or dire she is aware that f s.817.155, F.S.	ctor signing this document (and who is listed in a	number 11 above) affirms ti	nat the facts sta utes a third deg	ated herein are true and that he or tree felony as provided for in

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

H200000285193

Avraham Obermeister, President

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# State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of MEISTER ABSTRACT CORP. was filed on 09/14/2006, under the name of LAND EXPRESS SERVICES INC., 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.

A Certificate of Amendment LAND EXPRESS SERVICES INC., changing its name to MEISTER ABSTRACT CORP., was filed 11/06/2006.



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\*\*

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

H200000285193

Bradan C Higher

Brendan C Hughes
Executive Deputy Secretary of State