

F20000001002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

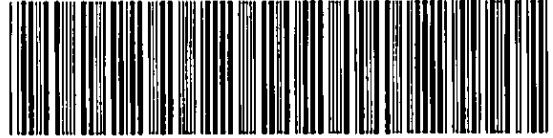
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000110320
00647

Office Use Only



600337302396

11/25/19--01048--014 •470.00

2020 FEB 18 PM 1:51

SBF
2/25/20

COVER LETTER

TO: Registration Section
Division of Corporations
TWIN SUPPLY, INC

SUBJECT: _____
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:
JAMES G FERRERI

Name of Person

Firm/Company

2901 NE 41 STREET

Address

FT LAUDERDALE, FL 33308

City/State and Zip code

JAMESQUARE54@GMAIL.COM

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

For further information concerning this matter, please call:

ROY K DANISCHEWSKI 718 987-4004

Name of Person

at (_____) _____

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

RECEIVED

FEB 18 2020

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.

TWIN SUPPLY, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TWIN SUPPLY SOUTH, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW YORK 13-2533931

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
02/04/1965

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
01/02/19

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2901 NE 41 STREET, FT LAUDERDALE, FL 33308

7. _____
(Principal office address)

(Current mailing address, if different)

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

JAMES G FERRERI

Name: _____

2901 NE 41 STREET

Office Address: _____

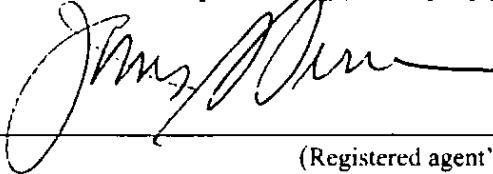
FT LAUDERDALE

33308

_____, Florida _____
(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.

2020 FEB 18 PM 1:51

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

A. DIRECTORS

JAMES G FERRERI

Chairman: _____

2901 NE 41 STREET

Address: _____

FT LAUDERDALE, FL 33308

MARIE LAFORTE

Vice Chairman: _____

2812 NORTH OCEAN BLVD

Address: _____

FT LAUDERDALE, FL 33308

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

MARIE LAFORTE

President: _____

2812 NORTH OCEAN BLVD

Address: _____

FT LAUDERDALE, FL 33308

JAMES G FERRERI

Vice President: _____

2901 NE 41 STREET

Address: _____

FT LAUDERDALE, FL 33308

MARIE LAFORTE

Secretary: _____

2812 NORTH OCEAN BLVD, FT LAUDERDALE, FL 33308

Address: _____

JAMES G FERRERI

Treasurer: _____

2901 NE 41 STREET, FT LAUDERDALE, FL 33308

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 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.

JAMES G FERRERI, VICE PRESIDENT

13. _____

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TWIN SUPPLY INC. was filed on 02/04/1965, 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 certify the following:

Certificate of Change was filed on 09/09/2019.

A Biennial Statement was filed 02/10/2020.

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



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 10th day of February
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State