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Cilidate	Muuless.	

## FOREIGN PROFIT/NONPROFIT CORPORATION 1135 Bronx River Ave. Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
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.

	r Ave. Corp.	
	orporation; must include "INCORPORATE (rp." "Inc." "Co." or "Corp.")	O," "COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Florida)
New York		3
(State or country	under the law of which it is incorporated)	3(FEI number, it applicable)
11/23/1994		5. Perpetual
(Date	of incorporation)	(Date of duration, if other than perpetual)
·		
		s in Florida, if prior to registration) (1502, F.S., to determine penalty liability)
	•	115/21 1 to determine penalty managy
290 dolphin drive	newlett ny 11598	cinal office address)
·	(Pri	cipal office address)
po box 436 wood	(Pri	
	(Pri	icipal office address) illing address, if different)
po box 436 wood	(Pri	iling address, if different)
po box 436 wood  Name and stree	(Printer of Printer of	iling address, if different)
po box 436 wood	(Printer of Printer of Agent LLC (Printer of Printer of Agent LLC)	iling address, if different)
po box 436 wood  Name and street  Name:	(Printer of Printer of	iling address, if different)
po box 436 wood	(Printer of Printer of	iling address, if different)

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.

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

A. DIRI	ECTORS
Chairman	
Address:	
Vice Chai	rinan:
Director:	john chiapperino
Address:	251 greenfield hill rd
	lairfield, CT 06824
Director:	rnark fischler
	po box 436
	woodmere, ny 11598
B. OFF	
President	Mark fischler
	po box ≠36
Vice Pres	woodmere, ny 11598
. (40)	
C	Mark fischler
	po box 436 woodmere, ny 11598
	john chiapperino
	215 greenfield hill road fairfield, ct 06824
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
are true	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes legree felony as provided for in s.817.155, F.S.
13	NIAILL FISCHLER-President
15	(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 1135 BRONX RIVER AVE. CORP. was filed on 11/23/1994, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of March two thousand and twenty.

Braden C. Hugher

Brendan C. Hughes Executive Deputy Secretary of State

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