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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Nan	ne)			
(D	ocument Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: STROMBERG SUPPLY, IN	C.		
., 000,		of corporation -	must include suffix	
Dear S	iir or Madam:			
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Stand	ing" and check are subm	
Please	return all correspondence concerni	ng this matter t	o the following:	
ALEX	GENIN			
		Name of P	erson	
STRO:	MBERG SUPPLY, INC.			
		Firm/Comp	any	
2600 N	W 141 ST			
		Addres	s	
OPA L	OCKA, FL 33054			
		City/State and	d Zip code	
manag	er@firstcap.net			
	E-mail address	: (to be used fo	r future annual report no	tification)
For fur	ther information concerning this m	atter, please ca	11:	
ALEX	GENIN	713	629 4866	
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Ser Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Please r	ed is a check for the following amonake check payable to: FLORIDA DI .00 Filing Fee	EPARTMENT (g Fee & □	OF STATE \$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.

	able in Florida, enter alternate corporate name ad-	· · · · · -	Florida)
Texas	3.	16-4496946	
(State or count 12/20/2013	ry under the law of which it is incorporated) 5.	(FEI number, if applicable) (Date of duration, if other than perpetual)	
(Date	e of incorporation)	(Date of duration, if other than perpetual))
600 NW 141st	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Street, Opa Locka, FL 33054	, F.S., to determine penalty liability)	
	(Principal office	etrant oddroes	
	Witherpar office	street address)	
-	{Current mailing a	address, if different)	.
	•	, in the second second	
Name and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	# W. # 755 ## 755
	Alex Genin	<u> </u>	7.34 19.75
Name:			77
	2600 NW 141st Street	_	် မှ မြ
Name:	2600 NW 141st Street Opa Locka	Florida 33054	100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m

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.

A. DIRECTORS Alex Genin Name: Name: _____ □ Chairman □ Chairman 2600 NW 141st Street. Address: ______ Address: □Vice Chairman □ Vice Chairman Opa Locka, FL 33054 Director □ Director ■ President □President □ Vice President _____ ☐ Vice President \square Treasurer □ Secretary □ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ □Other ____ □ Chairman Name: □Chairman Name: ______ ☐ Vice Chairman □Vice Chairman Address: _____ Address: □ Director □Director President □President ☐ Vice President □ Vice President ☐Treasurer :::> □ Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other ___ □ Chairman □Chairman Name: Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □Director □ Director □President □ President □ Vice President □ Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other _____ □Other _____ □Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when time your Florida Department of State Annual Report form.

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.

, Alex Genin, President

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for STROMBERG SUPPLY, INC. (file number 801907492), a Domestic For-Profit Corporation, was filed in this office on December 20, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 07, 2020.



Ruth R. Hughs Secretary of State

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2020

ALEX GENIN STROMBERG SUPPLY, INC. 2600 NW 141 ST OPA LOCKA, FL 33054

SUBJECT: STROMBERG SUPPLY INC.

Ref. Number: W20000034357

We have received your document for STROMBERG SUPPLY INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 020A00007160