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	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			
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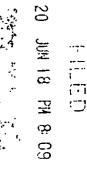
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Bankers Pen Inc.	
(10,12.)	ECT: Bankers Pen Inc. Name of corporation -	must include suffix
Dear S	ir or Madam:	
"Certif	iclosed "Application by Foreign Corporation for A ficate of Existence," or "Certificate of Good Stand referenced foreign corporation to transact business	ing" and check are submitted to register the
Please	return all correspondence concerning this matter t	o the following:
	Richard Dagziger	
	Name of Pe	erson
	Richard Dagziger Name of Per Bankers Pen Inc. Firm/Comp	
	Firm/Comp	any
	141 Canza Ave	
	Addres	S
	Garfield, NJ 07026	
	Garfield, NJ 07026 City/State and	I Zip code
	rdanzigeragmail.com	
	f:-mail aderess: (to be used to	r future annual report notification)
For fur	ther information concerning this matter, please cal	r future annual report notification)**
Rice	hard Danziger at 201 Name of Person Area Code) <u>403-8300</u> (17 ∞ Daytime Telephone Number, 29
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please r		DF STATE \$78.75 Filing Fee & Certified Copy Certified Copy 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 Bankers Per Inc.
(Enter name of corporation: must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New Tersey 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Sept. 22, 2011 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3539 High Ridge Rd - Boxnton Beach, FL 33426
(Principal office street address)

141 Lanza Ave - Building 18c · Garfield, NJ 07026
(Current mailing address, it different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Richard Danziger 90 Barkers Peri 3539 High Ridge Rd. Boynton Beach Florida 33426 (City) (Zip code) Office Address: 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.

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 Name: Richard Dunziger □Chairman □Chairman Name: _____ □ Vice Chairman Address: 200 60rd Care Way ☐ Vice Chairman Address: □ Director □Director Edgeworke, NJ **X**President □President 07020 ☐Vice President □Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Freasurer □Other _____ □Other _____ □Other _____ Dother Name: □ Chairman □Chairman Address: ____ □Vice Chairman Address: _____ □ Vice Chairman □Director □ Director President □President □Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐ Freasurer □Other □Other ______ □Other □Other $\Box Chairman$ Name: ____ Name: □Chairman □Vice Chairman Address: ☐ Vice Chairman Address: __ □ Director □ Director □President □ President □ Vice President ☐ Vice President □Treasurer □ Secretary □ Secretary □ Freasurer □Other □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 filing your Florida Department of State Annual Report form. 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.

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

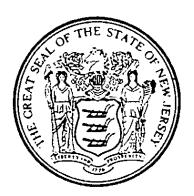
BANKERS PEN INC 0400442479

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 22, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RICHARD DANZIGER 200 GRAND COVE WAY EDGEWATER, NJ 07020



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of June, 2020

duk on Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6108321745

Verify this ceruficate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp