

F2000000334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

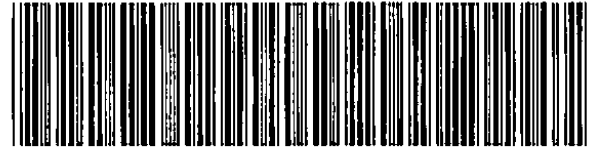
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/27/20--01027--004 **70.00

RECEIVED

JUL 22 2020

FILED
JUL 22 2020
CLERK OF COURT
TALLAHASSEE, FLORIDA

2020 JUL 22 PM 3:18

YS
8/2/20

Fernando Peters
1201 East Ponce de Leon Blvd.
Suite 103
Coral Gables, Florida 33134
Tel: 1 (646) 717-0696
Email: creso657@gmail.com

July 20, 2020

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: **70 Lincoln Corp.** a foreign corporation from New Jersey applying for authorization to transact business in Florida under the corporate name referred to in the application as "**SHOP SMART ASAP CORP.**"

To whom it may concern:

The enclosed "Application by a Foreign Corporation for Authorization to Transact Business in Florida," I have enclosed the following:

- A) Long form "Certificate of Good Standing" dated: July 20, 2020
- B) Annual Report Certificate indicating payment was made 06/27/2020;
- C) 3-page application which includes a cover letter;
- D) The filing fee required in the amount of \$70.00.

Thank you in advance please be safe and May God bless you.

Sincerely,



Fernando Peters

Vice-President/Registered Agent

2020 JUL 2 PM 3:16
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 70 Lincoln Corp

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:

Fernando Peters

	Name of Person
N/A	
	Firm/Company
1201 East Ponce de Leon Blvd., Suite 103	
	Address
Coral Gables, Florida 33134	
	City/State and Zip code
creso657@gmail.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Peters	at (646)	717-0696
Name of Person	Area Code	Daytime Telephone Number

✓ **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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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.

1. 70 Lincoln Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SHOP SMART ASAP CORP.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/02/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1805 Ponce de Leon Blvd., Suite 210 Coral Gables, Florida 33134
(Principal office street address)
1201 East Ponce de Leon Blvd., Suite 103 Coral Gables, Florida 33134
(Current mailing address, if different)

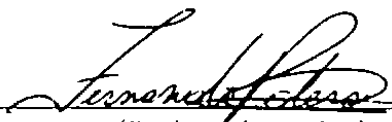
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Fernando Peters

Office Address: 1805 Ponce de Leon Blvd., Suite 210
Coral Gables, Florida 33134
(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 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

☐ Chairman Name: Regla Collazo
☐ Vice Chairman Address: 3492 SW 2nd Street
☐ Director Miami, Florida 33135
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Fernando Peters
☐ Vice Chairman Address: 1201 East Ponce de Leon I
☐ Director Suite 103
☐ President Coral Gables, Florida 33134
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

12. Fernando Peters, Vice-President
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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155, F.S.

13. Fernando Peters, Vice-President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS

70 LINCOLN CORP
0450376945

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 May 02, 2019.

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:

MARTHA CEDILLO
70 LINCOLN STREET
FAIRVIEW, NJ 07022

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

Annual Report Filing with address
change

06/27/2020

2020 JUL 22 PM 3:15



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of July, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6109363937

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp