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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

annual report mailings. Enter only one email address please.

Email Address:\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION :: JC ELITE FISHING CHARTERS CORP.

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### **COVER LETTER**

10:	_	on of Corporations			
SUBJ	ECT:	JC ELITE FISHING CHARTER	RS CORP.		
B G <b>D</b> Q	~~1	Name of corporation - must include suffix			
Dear S	ir or M	adam;			
"Certif	icate of		Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.	
Please	return s	all correspondence concerning	this matter to	o the following:	
STEVE	N WEI	SS			
			Name of Pe	erson	
ALLS?	rate c	ORPORATE SERVICES CORP.			
			Firm/Comp	any	
2215 H	ENDRI	CKSON ST SUITE 1			
			Addres	s	
BROO	KLYN,	NY 11234			
		(	City/State and	d Zip code	
FILING	3@ACS	S123,COM			
		E-mail address: (	to be used fo	r future annual report notification)	
For fu	ther in:	formation concerning this mat	ter, pleas <del>e</del> ca	li:	
SAL A	BECAS	SIS	800	906-9220	
· ·	Nam	e of Person	Area Code	Daytime Telephone Number	
	Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	make ch	check for the following amous neck payable to: FLORIDA DEF ing Fee \$78.75 Filing Certificate of	ARTMENT	OF STATE  \$78.75 Filing Fee & S87.50 Filing Fee,  Certified Copy 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.

(Enter name of co	orporation; must include "INCORPORATED," "	COMPANY." "CORPORATION	ON."
	orp," "Ine," "Co," or "Corp.")		,
(If name unavails	able in Florida, enter alternate corporate name add	opted for the purpose of transact	ting business in Florida
NEW YORK	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
MAY 22, 2019	5.		
	of incorporation)	(Date of duration, if other	r than perpotual)
	(Date first transacted business in F	lorida if prior to registration)	
	(Date manaded dumess m r	retion it bitet to teller granes	153. 3
	(SEE SECTIONS 607.1501 & 607.1502	F.S., to determine penalty liab	ility)
601 EAST BAY	(SEE SECTIONS 607.1501 & 607.1502 DRIVE, LONG BEACH, NEW YORK, 11561	, F.S., to determine penalty liab	ility)
601 EAST BAY	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liab	ility)
601 EAST BAY	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office	, F.S., to determine penalty liab	ility)
601 EAST BAY	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office	, F.S., to determine penalty liab	
	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office  (Current mailing a	street address)  address, if different)	ility)
	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office  (Current mailing a set address of Florida registered agent: (P.O. 1	street address)  address, if different)	
	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office  (Current mailing a	street address)  address, if different)	
Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office  (Current mailing a set address of Florida registered agent: (P.O. 1	street address)  address, if different)	
. Name and street	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office  (Current mailing and set address of Florida registered agent: (P.O. 1)  Registered Agent Solutions, Inc.  155 Office Plaza Dr. Suite A	street address)  address, if different)  Box NOT acceptable)	
Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502  DRIVE, LONG BEACH, NEW YORK, 11561  (Principal office  (Current mailing and address of Florida registered agent: (P.O. 1)  Registered Agent Solutions, Inc.	street address)  address, if different)	

Having been named as registered agent and to accept service of process for the above stated corporation at the pladesignated 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 a 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdic under the law of which it is incorporated.

#### (((H200002681613)))

#### A. DIRECTORS MICHAEL CLARKE □ Chairmen Chairman Name: \_\_\_\_\_\_ 601 EAST BAY DRIVE Address: ☐ Vice Chairman ☐ Vice Chafirman Address: \_\_\_\_\_ LONG BEACH, NEW YORK, 11561 □ Director □Director □President 屬President ☐ Yice President □Vice President ☐ Teoasurer ☐ Secretary ☐ Treasurér ☐ Secretary Other □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Name; \_\_\_\_\_ ☐Chaltman Name: \_\_\_\_\_\_ □ Chaîrman Address: ☐ Vice Chalrman Address; Director ☐Director-☐ President President ☐Vice Presiden: ☐ Vice President ☐ Treasurer □Sccretary ☐Treasurer □Secretary □Other\_\_\_\_ ☐Other\_\_\_\_\_ □Other \_\_\_\_ □ Other \_\_\_\_\_\_ □Chaliman Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Address: ☐Vice Chairman □ Vice Chairman Address: \_\_\_\_\_ □Director □Director ☐ President □President □Vice President □ Vice President. Secretary ☐ Treasurer ☐ Treasurer ☐ Secretary Other \_\_\_ \_\_ □ Other ☐Other \_\_\_\_\_ Other\_\_\_\_\_ important Notice: Use an anachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the innex 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 h she is aware that false information submitted in a document to the Department of State constitutes a fluid degree felony as provided for in 1.817.155, F.S.

13. MICHAEL CLARKE, PRESIDENT

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of JC ELITE FISHING CHARTERS CORP. was filed on 05/22/2019, with perpetual durati and that a diligent examination has been made of the Corporate index documents filed with this Department for a certificate, order, or rec of a dissolution, and upon such examination, no such certificate, ord or record has been found, and that so far as indicated by the records this Department, such corporation is an existing corporation.

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 28th day of July two thousand and twenty.

Breden Co Hydra

Brendan C. Hughes
Executive Deputy Secretary of State

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