FACOCOSTY

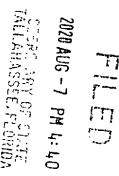
(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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8/24/20

COVER LETTER

TO: Registration Section Division of Corporal	ions		
SUBJECT: Scherer Enterpr			
SOBJECT:	Name of corporation -	must include suffix	
Dear Sir or Madam:			
"Certificate of Existence," o	y Foreign Corporation for At r "Certificate of Good Standi poration to transact business	ng" and check are submi	tted to register the
	ence concerning this matter to	the following:	[
Victor Sherer			
	Name of Pe	erson	
Scherer Enterprises, Inc			
	Firm/Comp.	any	**************************************
2151 E 29TH St			>
	Addres	S	
Brooklyn NY 11229			
	City/State and	ł Zip code	
victorshererigaeloud com			
	E-mail address; (to be used fo	r future annual report no	tification)
For further information con	cerning this matter, please ca	H:	
Victor Sherer	at (212 ·) 561-5993 Daytime Telepho	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURI Registration Section Division of Corpor The Centre of Talk 2415 N. Monroe St Talkhassee, Fl. 33	n ations rhassec reet, Suite 810	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FI	ction porations
	: FLORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

Scherer Enterpris	ses. Ine				
	orporation; must include "INCORPORATED," "Corp." "Inc," "Co." or "Corp.")	COMPANY," "CORPORATI	ON."		
(If name unavaila	:::::::	pted for the purpose of transac	ting business in Florida)		
New York	3				
(State or country	2. New York (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 05-08-2019	5.				
(Date	(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
6					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty lia	2020 AUG		
7 18401 Collins Av	e #1260 Sunny Isles Beach, FL 33160		一张 5		
· · · · · · · · · · · · · · · · · · ·	(Principal office)	street address)	PA		
	(Current mailing a	ddress, if different)	i. L.I. ORIDA		
8. Name and stree	<u>et address</u> of Florida registered agent: 1P.O. F	Box <u>NOT</u> acceptable)			
Name:	Victor Sherer				
Office Address:	18401 Collins Ave #1260				
	Sunny Isles Beach	, Florida <u>33160</u>			
	(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. 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.

(Registered agent's signature)

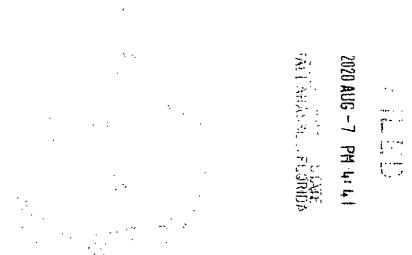
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is measurement.

A. DIRECTORS			
□Chairman	Name: Victor Sherer	$\square C$ hairman	Name:
□Vice Chairman	Address:	DVice Chairman	Address:
LTDurcetor	Sunny Isles Beach, FL 33460	T/Director	
President		□President	
⊕Vice President		□Vice President	
□ Secretary	□Treasurer	□ Secretary	☐ Treasurer
□Other	[](Other		□Other
∐Chairman	Name:	□Chairmun	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		ElDirector	Address:
□President		□President	20 NUG - 17
□Vice President		□Vice President	
□ Secretary	[] Freasurer	[]Secretary	Treastires
[]Other	□Other	□Other	
[]Chairman	Name:	[](Thairman	Name:
□Vice Chairmar	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Nice President		□Vice President	
☐ Secretary	□Treasurer	ElSecretary	☐ Freasurer
□Other		□Other	□Other
Important Notice individuals may	er Use an attachment of report more than six (6). The are he added to the index when filing your Florida. Departs	ttachment will be imag ment of State Annual F	ed for reporting purposes only. Non-indexed Report form,
12.	Signature of Directo		
she is aware that 4.817.155, F.S. Victor She	rector signing this document and who is listed in num false information submitted in a document to the Dep	iber 11 above) affirms	that the facts stated herein are true and that he of tutes a third degree felony as provided for in
13.	(Typed or printed name and capacity of pe	erson signing application	ગા

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SCHERER ENTERPRISES, INC. was filed on 05/08/2019, 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.

I further certify that no other documents have been filed by such corporation.



15 (1.1)

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of July two thousand and twenty.

Brandon C. Heylan

Brendon C Hughes Executive Deputy Secretary of State