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### **COVER LETTER**

	tration Section on Corporations			
SUBJECT:	GOTHAM CLOSETS	INC		
	7	Name of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of		ificate of Good Standi	uthorization to Transact Buing" and check are submitted in Florida.	
Please return a	all correspondence co	ncerning this matter to	o the following:	
LEE KAUFMA	NN .			
		Name of Pe	erson	
GOTHAM CL	OSETS INC			
	-	Firm/Compa	any	
1340 SOUTH (	OCEAN BLVD., APT.	905		
		Address	s	
POMPANO BI	EACH, FLORIDA 3306	52		
		City/State and	d Zip code	
lkaufman@got	hamelosets.com			
	E-mail a	ddress: (to be used for	r future annual report notif	ication)
For further inf	formation concerning	this matter, please cal	II:	2020 %
LEE KAUFMA	AN	at (	952-5832	
Name	e 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 ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on $\tilde{\omega}$ rations	
	-	<b>DA DEPARTMENT (</b> 5 Filing Fee &		\$87.50 Filing Fee. Certificate of Status &

## 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.

NEW YORK	able in Florida, enter alternate corporate name ad  3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ible)
JUNE 28, 2011	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
1340 SOUTH OC	CEAN BLVD., APT. 905, POMPANO BEACH,	FLORIDA 33062	
	(Principal office	street address)	
	(Current mailing	address, if different)	
		D 1070	
. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2020
Name:	LEE KAUFMAN	_	(S)
ffice Address:	1340 SOUTH OCEAN BLVD., APT. 905		!
	POMPANO BEACH	, Florida	9 -
			• 7
	(City)	(Zip code)	<u>ئن</u> 

(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.

#### A. DIRECTORS LEE KAUFMAN Name: □ Chairman □ Chairman Name: 1340 SOUTH OCEAN BLVD., □Vice Chairman Address: \_ ☐ Vice Chairman Address: APT, 905 ■ Director □ Director POMPANO BEACH, FLORIDA 33062 President □President □Vice President \_\_\_\_ ☐ Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other □ Chairman Name: ☐ Chairman Name: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_ □ Director □ Director □President □ President □Vice President \_\_\_\_ □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ ☐ Chairman □Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: £ □ Director □ Director ---□President □ President <del>w</del> □Vice President \_\_\_\_ □ Vice President □ Secretary ☐ Treasurer □ 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 filing your Florida Department of State Annual Report form. man 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.

13. LEE KAUFMAN

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GOTHAM CLOSETS INC. was filed on 06/28/2011, 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.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 20th day of August two thousand and twenty.

Brandon C Hydra

Brendan C Hughes
Executive Deputy Secretary of State