To:



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Division o	f	Corporations
Fax Number		: (850)617-6383

	61:21114 -	Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622	
: -	8 - annual	mail address for this business entity to be used for fractive report mailings. Enter only one email address please.**	
	Email A	ldress:	

FOREIGN PROFIT/NONPROFIT CORPORATION FELIX STORCH INC.

*** Please give

original submission

date of 9/29/2020

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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October 1, 2020

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FLORIDA DEPARTMENT OF STATE Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: FELIX STORCH, INC. REF: W20000112779

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The fax cover page is not correct it needs to say Foreign Corporation not Limited Liability Company.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H20000338489 Letter Number: 020A00018948

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.

Felix Storch Inc. 1.

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

	le în Florida, enter alternate corporata ne	11-2107886			
New York		3. (FEI number, if applicable)			
(State or country	onder the law of which it is incorporated) (편리 11	inder, is appreciately		
1/19/1969		5	If a then then name	100	
(Data of incorporation)		5(Date of doration, if other than perpetual)			
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6	oss in Florida, if prior to regis 07.1502, F.S., to determine p	tration) maity liability)		
In Carrison Ave	nuc, Bronx, New York 10474				
(Prinsipal office street address)					
	(Prinsipe	l office <u>street</u> address)		_	
	(Prinsipe				
	(Prinsipe	l office <u>street</u> address) nailing address, if different)			
	(Prinsips (Current r 1 address of Florida registered agent;	nailing address, if different)	ie)		
	(Prinsips (Current :	nailing address, if different)	ie)	-	
Name and <u>stree</u> Name:	(Prinsips (Current r 1 address of Florida registered agent;	nailing address, if different)	ie)		
Name and <u>stree</u>	(Prinsips (Current r t address of Florida registered agent; Capitol Corporate Services, Inc.	(P.O. Box <u>NOT</u> acceptat			

Having been named as registered agent and to accept service of process for the above stat 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.

V 2 10 1	Kim Tadlock, Asst. Sec. on behalf
Kim Tadlock	of Capitol Corporate Services, Inc.

(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, litics and addresses of the primary officers and/or directors [up to six (6) total];

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A. DIRECTORS			Martin O'Gorman
Chairman	Peul Storch Name:	Cheirman	Namo:
Vics Chalman	770 Garrison Avenue	Vice Chairman	Address:
Director	Bronz, NY 10474	Director	
President		President	
OVice President		OVIce President	
Decrotary		Secretary	C Treasuror
00ther	00her	000	Other
	Salvatore Mima	Chairman	Noma:
	770 Garrison Avenue	□Vice Chairman	Address:
UVice Chairman	Bronx, NY 10474	Director	
Director			
President		DVice President	
🛛 Vice President			
Secretary			0 (ther
CFO CFO	Other	00ther	
	Nemo:	Chairman	Namo:
Ci Vice Chairma	n Address:	Vice Chaimu	un Address:
		Director	
Director			
President		OVice Preside	ni
		Secretary	
Other		001ber	
	the en etteriment to more than six (6). The	Mischment will be in	negad for reporting purposes only. Non-indexed

Important Notice: Use an attachment to report more than six (6). The attachment will be integer for reporting particular of the index when filing your Florida Department of State Annual Report form.

n ł 12. __

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 stylere that false information submitted in a document to the Department of State constitutes a third degree follows as provided for in \$817.155. F.S.

13. _____ Baivatore Mirre, CFO

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of FELIX STORCH, INC. was filed on 08/07/1969, 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 28th day of September two thousand and twenty.

Bridge Co Il

Brendan C. Hughes Executive Deputy Secretary of State