Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000356064 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser	from this	page.
Doing so will generate another cover sheet.	는동 게임	

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone

To:

: (215)563-8113

Fax Number

: (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

P 1.7	Address:			
rmail i	ANNTERS:			

## FOREIGN PROFIT/NONPROFIT CORPORATION SPANO ABSTRACT SERVICE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/13/2020 11:05 AM

## (((H200003560643)))

IN COMPLIANO	E WITH SECTION 607 1503. FL	LORIDA STATUTES	: , THE FOLLOWING I <b>Š</b> SU	IBMITTED TO
REGISTER A FO	REIGN CORPORATION TO TR	'ANSACT BUSINESS	IN THE STATE OF FLOR	≀IDA -
SPANO ABSTI	RACT SERVICE CORP			
(Enter name of c	orporation, must include "INCORF orp," "Inc," "Co." or "Corp ")	ORATED," "COMP	ANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corp	orate name adopted fo	r the purpose of transacting bi	usiness in Florida)
2 New York		3		
	y under the law of which it is incor	porated)	(FEI number, if applic	able)
May 29, 1985		5		
(Date	of incorporation)	(	Date of duration, if other than	2020 311
6	(Date first transactor (SEE SECTIONS 607 15	d business in Florida, i 01 & 607 1502, F.S., t	f prior to registration) o determine penalty hability)	130
350 Old Country	Road, Suite 205, Garden City, NY	11530		SSE IS
′ <del></del>	(P	rincipal office street a	ddress)	IPM 3:
	(Ci	arrent mailing address,	if different)	20 Riox
8 Name and stre	et address of Florida registered a	agent (PO Box <u>N</u>	OT acceptable)	}
Name:	W Bradley Muntoc, Esquire			
,	239 East Virginia Street	<del>_</del>		

Tallahassee (City)

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.

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 (n) total)

Page: 3 of 4

## (((H200003560643)))

To:

A. DIRECTORS				
<b>■</b> Chairman	Paul Spano Name	□Chairman h	Name	[
(JVice Chairman	Address 350 Old Country Road, Suite 205	□Vice Chairman	Address =	<u> </u>
[]Director	Garden City, NY 11530	Director		
President		□President _		
□Vice President		□Vice President		<u> </u>
<b>⊯</b> Secretary	Treasurer	[]Secretary	Treasurer	
Other	Other	∐Other	□Other	<u> </u>
Chairman	Name	Chairman	Name	
□ Vice Chairman	Address	OVice Chairman	Address 22	
□Director		Director	LAND CCT	<u> </u>
□ President		[]President	IASET	
□Vice President		□Vice President	<u> </u>	
☐Secretary	Treasurer	Secretary	Signaturer Signaturer	
Other	□Other	□Other	≯ Nother	
Chairman	Name	□Chairman	Name	
□Vice Chairman	Address	□Vice Chaimnan	Address	
Director		Director		_ <u> </u>
□President		President		<u> </u>
□Vice President		□Vice President		<u> </u>
□ Secretary	Treasures	∐Sccretary	()Treasurer	
Other		LJOther	() () () () () () () () () () () () ()	
individuals may b	Use an attachment to report more than six (6) The attachment to the index when filing your Piorida Departs	mett of State Millian Make	or reporting purposes only. Non-reform	ndexed
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 fellony as provided for in a 817 155, FS				
13 Paul Spani	o. President  (Typed or printed name and capacity of pe	mon signing application)		

(((H200003560643)))

## State of New York Department of State } ss:

To:

I hereby certify, that the Certificate of Incorporation of SPANO ABSTRACT SERVICE CORP. was filed on 05/29/1985, 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.



202010130221 · LP

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of October two thousand and twenty

Breden C Hydra

Brendan C Hughes :
Executive Deputy Secretary of State

2020 OCT 13 PM 3: 20