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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Email Address:__

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

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FOREIGN PROFIT/NONPROFIT CORPORATION NY Pro Enterprises, Inc.

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11/6/20

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. NY Pro Enterprises, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New York New York
(State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) 3914 Liberty Avenue North Bergen NJ 07047 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg , Florida 33702 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)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

| A. DIRECTORS | | | | |
|--|--|-----------------|------------------------------------|--|
| □ Chairman | Name: Primitivo Rey. | □Chairman - | Name: Sara Rey | |
| □Vice Chairman | Address: 7901 4th St N | □Vice Chairman | Address: 7901 4th St N | |
| □Director | STE 300 | Director | STE 300 | |
| | St. Petersburg FL 33702 | □President | St. Petersburg FL 33702 | |
| ☐ Vice President | | □Vice President | | |
| ☐ Secretary | | | Treasurer | |
| Other | []Other | Other | | |
| □Chairman □Vice Chairman □Director □President □Vice President □Secretary □Office | Name: Xoel Rey Address: 7901 4th St N STE 300 St. Petersburg FL 33702 Treasurer er | | Name: Address: Treasurer: Other | |
| □Chairman | Name: | □ Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| □Director | , | ☐ Director | | |
| □President | | □President | | |
| □Vice President | 4 | □Vice President | | |
| Secretary | ☐ Treasurer | ☐Secretary | Treasurer | |
| □Other | 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. 12. Signature of Director or Officer The officer or director againg 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. Primitivo Rey President | | | | |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NY PRO ENTERPRISES INC was filed on 01/25/2017, 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.

The Biennial Statement is past due.



2020 NOV -5 PH 4: 40

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of October two thousand and twenty.

Brada C Hylan

Brendan C Hughes
Executive Deputy Secretary of State