F21000000108

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500355794785

500355794785 12/08/20--01021--017 ***87,50

SECNETARISE STRUGRIO.

X SALY

COVER LETTER

TO: Registration Section Division of Corporation	ns		•	
SUBJECT: 4 Herriot Place Co	ութ.			
	Name of corporation - m	ust include suffix		
Dear Sir or Madam:				
The enclosed "Application by I "Certificate of Existence," or "(above referenced foreign corpo	Certificate of Good Standing	g" and check are subm	Business in Florida," nitted to register the	
Please return all correspondenc	e concerning this matter to t	he following:		
Kim C. Booker				
	Name of Pers	on		
Booker & Associates, P.A.				
	Firm/Compan	у		
1019 Town Center Drive, Suite 20)1			
	Address			
Orange City, Florida 32763				
	City/State and 2	Lip code		
kbooker@bookerandassoc.com; n				
E-m	ail address: (to be used for f	uture annual report no	otification)	
For further information concern	ning this matter, please call:			
Kim C. Booker	at (774-6552		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ORIDA DEPARTMENT OF 78.75 Filing Fce & 🔻 🗆 \$7	STATE 8.75 Filing Fee & crtified Copy	\$87.50 Filling 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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
(If name unavails	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Maria Varia		20-3340325
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
April 4, 2005	\$	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business i	n Florida, if prior to registration)
	(SEE SECTIONS 607.1301 & 607.1	502, F.S., to determine penalty liability)
1019 Town Cente	er Drive, Suite 201, Orange City, Florida 3276	3 ~2
	, ,	ng address, if different)
P.O. Box 510262	, Key Colony Beach, Florida 33051	The state of the s
	(Current mail)	ンシャー
		O Roy NOT accentable)
Name and stree	at address of Florida registered agent: (P.	
Name:	Gabriel Garrido	
ffina Address:	1019 Town Center Drive	高- 5
ffice Address:	Orange City	32763
		, Florida (Zip code)
	(City)	(Zip code)

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)

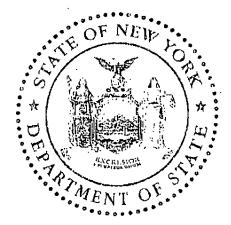
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS						
□Chairman	Steve Edlund Name:	□ Chairman	Name:			
□Vice Chainnan	Address: 55 Main Street, Yonkers, NY 10701	□Vice Chairman	Address:			
′⊟Director		Director				
□President		□President				
□Vice President		□Vice President				
□Sccretягу	☐Treasurer	□ Secretary		□Treasurer		
■Other CEO	Other	Other		□Other		
□ Director □ President	Address:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Name: Same Same Same Same Same Same Same Same	E PH 5: 43		
□ 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		
The officer or dire she is aware that f s.817.155, F.S.	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment deaded to the index when filing your Florida Department Signature of Director of Signature	or Officer r 11 above) affirms to the ment of State constitutions.	hat the facts stated	I herein are true and that he or		
13. (Typed or printed name and canacity of person signing application)						

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of 4 HERRIOT PLACE CORP. was filed on 04/22/2005, 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.



PILED PH 5: 43

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of December two thousand and twenty.

Brandon C Hydra

Brendan C Hughes Executive Deputy Secretary of State