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K. Bunuplea

Incorporating Services, Ltd.

15¶0 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Stops mstops@incserv.com 850.656.7953

RFO	UEST	DATE	1/11/2021
			1/11/4/4

PRIORITY Routine

OUR REF_#_(Order_ID#) 881991

ORDER ENTITY_

JOHN VINCENT SCALIA HOME FOR FUNERALS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES: JOHN VINCENT SCALIA HOME FOR FUNERALS, INC. (FL)

File the attached foreign qualification document

N	លា	ΓΕ	S

\$70.00 Authorized

Email address for annual report reminders: fred@myvanguard.net

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956.

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and counier package if applicable. For UCC orders, please include the thru date on the results.

Monday, January 11, 2021 Page 1 of 1

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.

2. New York	·	te name adopted for the purpose of transacting	ousniess in riorida)
	ry under the law of which it is incorpor	rated) (FEI number, if app	licable)
4. October 20, 19	78	5. (Date of duration, if other than perpetual)	
(Dat	c of incorporation)	(Date of duration, if other th	an perpetual)
6			······
	(Date first transacted by (SEE SECTIONS 607 1501 a	isiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability	<i>a</i>
n ne inklassina n		2 Works 2, 1 ion was committee permitty into any	,
7. 28 Ettingville Be	oulevard, Staten Island, NY 10312	ipal office street address)	
	,	, , , , , , , , , , , , , , , , , , ,	
	(Currer	nt mailing address, if different)	20
			21
Name and <u>stre</u>	et address of Florida registered ager	nt: (P.O. Box <u>NOT</u> acceptable)	
Name:	Carol Woods		
	•		
0.07	2 · 6 / 45 1 1 1 1		
Office Address:	6406 Beechwood Avenue		
Office Address:		, Florida <u>34231</u> (Zip code)	8: 5]

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]:

(Registered agent's signature)

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name: Cecilia Ann Scalia	
□Vice Chairman	Address: 28 Eltingville Boulevard	□Vice Chairman	Address:	
Director	Staten Island, NY 10312	Director	Staten Island, NY 10312	
President		□President		
□Vice President		■ Vice President		
Secretary	Treasurer	□Secretary	Treasurer	
□Other	Other	□Other	Other	
□Chairman □Vice Chairman ■Director	Name:	□Chairman □Vice Chairman ■Director	Name: 28 Eltingville Boulevard Address: Staten Island, NY 10312	
President		□President		
□Vice President		□Vice President		
□ Secretary	Treasurer	Secretary	□Treasurer	
□Other		Other	Other	
□Chairman □Vice Chairman □Director □President □Vice President	Name:	□ Chairman □ Vice Chairman □ Director □ President □ Vice President	Name:	
OSecretary	□Treasurer	Secretary	□Ticasurer	
OSecretary 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 helidded to the index when filing your Florida Department of State Annual Report form. 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 fa s.817.155, F.S.	also information submitted in a document to the Depart	ment of State constit	utes a third degree felony as provided for in	

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of JOHN VINCENT SCALIA HOME FOR FUNERALS, INC. was filed on 10/20/1978, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of January two thousand and twenty-one.

Braden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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