

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. HUDSON SHINE CAPITAL INC 1. (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) New York (State or country under the law of which it is incorporated) (FEI number, if applicable) 11/04/2019 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Floridal if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 35 West Street Unit 203, Spring Valley, NY 10977 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veorp Services, LLC Name: 5011 South State Road 7. Suite 106 Office Address: Davie . Florida (City) (Zip code) 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. min mile

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.

(Registered agent's signature)

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From: Vcorp Services, LLC

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11. Names and business addresses of officers	and/or directors:	21	121 11.
A. DIRECTORS		<i>ئ</i> ن	" MAN 22 FM 5. F
Chairman:		TALL.	AHLESSEE, FLORIDA
Address:	<u>\</u>		
Vice Chairman:	1		
Address:	Ķ Ŋ		
Address.			
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Director:	li l		
Address:			
Director:	1 1		
Address:	<u> </u>		
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B. OFFICERS Joseph Fuchs			
President: 35 West Street Unit 203			
Address:Spring Valley, NY 10977			
	<u>'. 1</u>		
Vice President:			
Address:	<u>'. [</u>		
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Secretary:			
Address:			
Treasurer:			
Address:		<u> </u>	
NOTE: If necessary, you may attach an add	lendum to the application listin	ig additional officers and/	or directors.
The officer or director signing this document are true and that he or she is aware that false a third degree felony as provided for in s.817 Joseph Fuchs, President	information submitted in a de	I l above) affirms that the	e facts stated herein t of State constitutes
.دا	ame and capacity of person sig	riing application)	

State of New York Department of State } ss

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I hereby certify, that the Certificate of Incorporation of HUDSON SHINE CAPITAL INC was filed on 11/04/2019, 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.

I further certify that no other documents have been filed by such corporation.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of January two thousand and twenty-one.

Brendan C. Hughes

Executive Deputy Secretary of State

Brade C Hylan

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