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(Requestor's Name)				
				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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ertified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

~	stration Section ion of Corporations					
SUBJECT:	Epstone, Inc.					
		me of corporation -	must include suffix			
Dear Sir or M	ladam:					
"Certificate o		cate of Good Stand	uthorization to Transact ling" and check are submining Florida.			
Please return	all correspondence conc	erning this matter t	o the following:			
Joshua Levins	on					
		Name of Po	erson			
Epstone, Inc.						
		Firm/Comp	any			
520 Secaucus	Road					
		Addres	S			
Secaucus, NJ (07094-2502					
		City/State and	l Zip code	765		
joshlevinson@	gartistictile.com			~_) ~_)		
	E-mail add	dress: (to be used fo	r future annual report not	ification)		
For further in	formation concerning th	nis matter, please ca	11:	i		
Joshua Levins	oshua Levinson 201 864-7000					
	e of Person	at (Area Code	Daytime Telepho	no Number		
iNam	e of Person	Area Code	Daytime Telepho	tie trainoer		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	~	A DEPARTMENT O		\$87.50 Filing 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.

Epstone, Inc.					
	orporation; must include "INCORPORATED orp," "Inc." "Co." or "Corp.")	O," "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busi	ness in Florida)		
2. New Jersey	3	22-3247240			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. 08/10/1993	5	Perpetual			
(Date	of incorporation) 5	(Date of duration, if other than p	(Date of duration, if other than perpetual)		
December 1, 20	20				
***************************************	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
7. 520 Secaucus Ro	ad, Secaucus, NJ 07094-2502				
	(Principal of	fice street address)			
Same as above					
	(Current mail	ing address, if different)	5.3		
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	57. 4E		
Name:	Nancy Epstein		1		
Office Address:	5500 Island Estate Drive, Apt. 705 North				
	Aventura	, Florida 33160	=======================================		
	(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.

Maray Esler
(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.

A. DIRECTORS				
□Chairman	Name: Joshua Levinson	□Chairman	Name: Zachary Epstein	
□Vice Chairman	Address:	□Vice Chairman	Address: 23	6 Highwood Avenue
[]Director	Tenatly, NJ 07670	Director	Tenafly, NJ	07670
President		□President		
□Vice President		□Vice President	<u> </u>	
□Secretary	□Treasurer	■ Secretary		□Treasurer
ĹiOther	□Other	□Other		□Other
■ Chairman	· · · · · · · · · · · · · · · · · · ·	□Chairman		
□Director	Apt. 705 North	□Director		
□President	Aventura, FL 33160	□President		
□Vice President	4	□Vice President		
#2Secretary	□Treasurer	□Secretary		□Treasurer
[]Other		□Other		□Other
□Chairman	Name:	Chairman	Name	7E : 3
				•
	Address:		Address:	1
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	[JSecretary		☐ Treasurer
EjOther	□ Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attac e added to the index when filing your Florida Departmen	nt of State Annual Re	port form.	
12.	Signature of Director o	r Officer		
she is aware that fi s.817.155, F.S.	rctor signing this document (and who is listed in number alse information submitted in a document to the Departu- rinson - President	ment of State constitu	ites a third deg	ree felony as provided for in
13.	inson - President			

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

EPSTONE, INC. 0100560132

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 02, 1993.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOSHUA LEVINSON 520 SECAUVUS ROAD SECAUCUS, NJ 07094

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on July 09, 2020.

PRESIDENT

JOSHUA LEVINSON

282 WOODLAND ST

TENAFLY, NJ 07670

VICE PRESIDENT

ZACHARY EPSTEIN

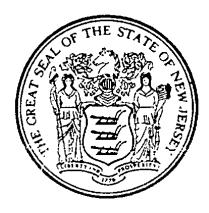
134 OXFORD DRIVE

TENAFLY, NJ 07670

704 -7 1111

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

EPSTONE, INC. 0100560132



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of November, 2020

Stape of Men

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6113244314

Verify this certificate online at

https://www1-state.nj.us/fYTR_StandingCert/JSP/Verify_Cert jsp