F21000000958

(Requestor's Name)
(Address)
(Address)
(radiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Satt Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900359278489

ANTICA TO PRINT TO THE THE TAIL TO THE

X SALY

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/17/2021	-		<i>⇔WALK IN</i>
ENTITY NAME AGENT	CO CORPORATE SE	RVICES, INC.	WALK IV
LINTE TABLE			
DOCUMENT NUMBER_			
	PLEASE FILE THE	ATTACHED AND RETURN	
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts of Certificate of Good Stand		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA			
NUMBER OF CERTIFICA	ILO KLEULOILU		
TOTAL OWED \$70.00		ACCOUNT #: I20160000072	2
		S 87/10	
Please call Tina at ti	he above number for a	ny issues or concerns. Thank you so	much!

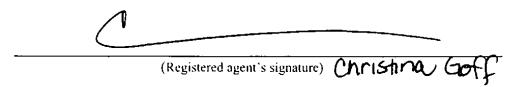
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

AGENTCO CO	RPORATE SERVICES INC.		
	orporation: must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting but	siness in Florida)
New York	3.		
(State or countr 4.		(FEI number, if applicable)	
	of incorporation)	(Date of duration, if other than perpetual)	
6			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)		
7. 2417 Jericho Tu	urnpike, #216, Garden City Park, NY 11040		
	(Principal office	street address)	
· · · · · · · · · · · · · · · · · · ·	(Current mailing a	ddress, if different)	
8. Name and stree	et address of Florida registered agent; (P.O. B	ox NOT acceptable)	MELLY BY BY 1: 08
Name:	Sunshine State Corporate Compliance Compan	<u>y</u>	93. T2
Office Address:	3458 Lakeshore Dr.	_	
	Tallahassee, Florida	, Florida	08 8153
	(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.



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]:

Name: Chairman Name: Chairman Name: Chairman Name: Chairman Address:	A. DIRECTORS	a			
Director	□ Chairman	Name:	□Chairman	Name:	
Director Dother Dother Dother Dother Dother Dother Dother Director Dother Dother	□Vice Chairman	Address:	□Vice Chairman	Address:	
Vice President	Director		□Director		
Secretary Treasurer Secretary Treasurer	□President		□President		
Other	□ Vice President		□Vice President		
Chairman Name:	□Secretary	■ Treasurer	□Secretary	□Treasurer	
Vice Chairman Address: Director Director Director President President Director Di	□Other	Other	□Other	Other	
President	□Chairman	Name:	□ Chairman	Name:	
President	□Vice Chairman	Address:	□Vice Chairman	Address:	
President	□Director		□Director		
Vice President	□President		□President	ر <i>ا</i> الأن	
Other	□Vice President		□Vice President		
Chairman Name: Chairman Name:	□Secretary	□Treasurer	□Secretary	□Treasure	
□ Vice Chairman Address:	□Other	Other	Other	Other	
Director President Vice President Secretary Other Other Other Other Other Reportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexindividuals may be added to the index when filing your Florida Department of State Annual Report form. S/Scott M. Egglinger	□Chairman	Name:	□ Chairman	Name:	
□ President □ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Secretary □ Treasurer □ Other □ □ Othe	□ Vice Chairman	Address:	□Vice Chairman	Address:	
□ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ Other □ Other □ Other □ Other □ Other □ Secretary □ Treasurer □ Other □ Other □ Other □ Secretary □ Other □ Othe	□Director		Director		
□ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ □ Oth	□President		□President		
☐Other ☐	□Vice President		□Vice President		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexindividuals may be added to the index when filing your Florida Department of State Annual Report form. s/Scott M. Egglinger	□Secretary	□Treasurer	□Secretary	□Treasurer	
individuals may be added to the index when filing your Florida Department of State Annual Report form. s/Scott M. Egglinger	□Other	□ Other	Other	□Other	
DEBRUIL OF DIRECTOR OF CHILLI	individuals may be	e added to the index when filing your Florida Depa Egglinger	irtment of State Annual Re	eport foπn.	
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	The officer or direct	·		but the facts stated herein are true and that he	

s.817.155, F.S.

Scott M. Egglinger, Treasurer

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AGENTCO CORPORATE SERVICES INC. was filed on 02/11/2020, 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 12th day of February two thousand and twenty-one.

Braden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

202102160663 · VE

