## F21000002956

(Requestor's Name)			
(Address)			
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## **COVER LETTER**

Division of Corporations				
SUBJECT: J ZAPPA REA Name of corporation	LTY CORP			
Name of corporation	n - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	inding" and check are submitted to register the			
Please return all correspondence concerning this matter	er to the following:			
10000	20000			
Name o	f Parson			
J Zappa Rea	alty Corp			
J Zappa Rea  Firm/Cor  Bold Pla  Add  Malverne, A  City/State	mpany Ce_			
Add	ress			
Malverne, A	14 11565			
JZAFFA @ JZAPPA REALTY CORP. COM				
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please	call:			
Joann Zappa at (514) Name of Person Area Co	, 263-7786			
Name of Person' Area Co	de Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Registration Section Division of Corporations Division of Corporations			
The Centre of Tallahassee	P.O. Box 6327			
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314			

☐ \$78.75 Filing Fee &

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee &

## 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. J ZAPPA REALTY CORP (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) 2. NEW YORK

(State or country under the law of which it is incorporated)

4. 9/23/2009

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1225 Franklin Ave, Suite 325 Garden City NY 11530
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Dawn Garcia

515 E Las Olas Blvd. Ste 120

Fort Lauderdale Florida 33301

(City) (Zip code) Office Address: 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 offigations 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]:

A. DIRECTORS	•				
□Chairman	Name: Joann M. Zappa	□Chairman	Name:		
□Vice Chairman	Address: 30 Gold Pl	□Vice Chairman	Address:		
□Director	Malverne, NY 11565	Director			
⊠President		□President			
□Vice President		□Vice President			
<b>⊠</b> Secretary	<b>⊠</b> Treasurer	Secretary		□Treasurer	
Other	Other	□Other		□Other	
□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 →	
□Chairman	Name:	□Chairman	Name:	i	
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President		·	
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	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 be added 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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of J ZAPPA REALTY CORP. was filed on 09/23/2009, 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 22nd day of April two thousand and twenty-one.

Braden C Hylan

Brendan C. Hughes Executive Deputy Secretary of State

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