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5/20/21

COVER LETTER

TO:		tion Section of Corporations				
SUBJI	FCT· V	IOLATION. REMOVA	IL 18 INC			
001,01		Nai	ne of corporatio	n - must include suffix		
Dear Si	ir or Mada	am: •				
"Certifi	icate of E	pplication by Foreign xistence," or "Certific I foreign corporation t	ate of Good Sta	nding" and check are sul	act Business in Florida." bmitted to register the	
Please i	return all	correspondence conce	erning this matte	er to the following:		
MADII	IA UMER					
-		· • • • • • • • • • • • • • • • • • • •	Name of	Person		
INFOT	AXSQUA	RE.COM			2021 JUN	
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HICKS	VILLE, N	Y 11801			£ 73	
		·	City/State a	and Zip code	79	
		E-mail addr	ress: (to be used	for future annual report	notification)	
For furt	her infori	nation concerning thi	s matter, please	call:		
MADIH	IA		at (<u></u>	822-3100		
	Name of	Person	Area Cod	le Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please m			DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	☐ \$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.

(State or country under the law of which it is incorporated) (FEI number, if applicable) FEBRUARY 18, 2016 (Date of incorporation) (Date of duration, if other than perpetual) MAY 20TH, 2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 946 Hewlett Dr (Principal office street address) Valley Stream, NY 11581
(Date of incorporation) (Date of duration, if other than perpetual) MAY 20TH, 2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 946 Hewlett Dr (Principal office street address) Valley Stream, NY 11581
(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) (Principal office street address) Valley Stream, NY 11581
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 946 Hewlett Dr (Principal office street address) Valley Stream, NY 11581
Valley Stream, NY 11581
(Current mailing address, if different)
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Sofi Megira Name:
Name: Soft Megira 488 NE 18th St 29
Miami . Florida 33132
(City) (Zip code)

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)

■Director President	Name: Sofi Megira 488 NE 18th St Address: Miami. FL 33132 □ Treasurer □ Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	□Treasurer				
□Director □President	Name:Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	. Treasurer				
□Other □Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:Address:	□Other □Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:	Co				
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. 12. 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.

13. Sofi Megira - President

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

I hereby certify, that the Certificate of Incorporation of VIOLATION. REMOVAL 13 INC was filed on 02/18/2016, 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 the following:

A Biennial Statement was filed 06/01/2021.

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 01st day of June two thousand and twenty-one.

Brendan C. Hughes Executive Deputy Secretary of State

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