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	Division of Co Fax Number	: (850)617-6383			202	
From:					121	
		: GERALD WEINBERG,	P.C.		E	
	Account Number				r	6., L.
	Phone	: (800)342-9856		• •	5	4
	Fax Number	: (800)354-3381		1.51		5
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Email Address:_



FOREIGN PROFIT/NONPROFIT CORPORATION BAY STREET COMMERCIAL CORP.

Certificate of Status	0
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N COMPLIANCE	2:12PM (GEALD, WEINBERG) (GEALD, WEINBERG) (GEALD, WEINBERG) (GEALD, WEINBERG) (GEALD, STATION BY FOREIGN CORPORATION F BUSINESS IN FI	OR AUTHORIZATION LORIDA	JBMITTED TO
BAY STREET O	EIGN CORPORATION TO TRANSACT BUSIN OMMERCIAL CORP.	ESS IN THE STATE OF FLO.	<u>KIDA</u>
(Enter name of co: "Inc.," "Co.," "Co:	poration, must include "INCORPORATED," "CO p," "Inc," "Co," or "Corp.") COMMERCIAL CORP.	MPANY," "CORPORATION,"	
(If name unavailat	le in Florida, enter alternate corporate name adopte	d for the purpose of transacting b	ousiness in Florida)
NEW YORK	33.	52888	
2. (State or country	under the law of which it is incorporated)	(FEI number, if appli	cable)
4 10/24/2014	5.		
(Date o	of incorporation)	(Date of duration, if other tha	n perpetual)
6	(Date first transacted business in Flori (SEE SECTIONS 507.1501 & 607.1502, F. BOUR BLVD. APT 201, N. PLAM BEACH, FL 33	S., to determine penalty liability)	22
7	(Principal office str	· · · · · · · · · · · · · · · · · · ·	
·	(Current mailing aid		16 PH
8. Name and <u>stree</u> Name:	t <u>address</u> of Florida registered agent: (P.O. Bo: JOSEPH MICHDOLL	x <u>NOT</u> acceptable)	6: 13
Office Address:	108 PARADISE HARBOUR BLVD. APT. 201		·
Unice Address;	N. PALM BÉACH	, 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.

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Jul. 16. 202	1 2:12PM (GEALD WEINEERG)		No. 6426 P. 4
A. DIRECTORS	-		Robert Mighdoll
🗖 Chairman	JOSEPH MIGHDOLL	Chairman	Name:
□Vice Chairman	108 Paradise Harbour Blvd. Address:	DVice Chairman	
Director	Apt 201	Director	Center Moriches, NY 11934
President	N. Palm Beach, FL 33408	DPresident	
□Vice President		Vice President	
	Treasurer	Secretary	Treasurer
□Other	Other	0ther	Other
Chairman	Name:	□Chairman	Name:
⊡Vice Chairman	Address:	🗇 Vice Chairman	Address:
Director		Director	
□ President		[]President	102
□Vice President		□Vice President	
Secretary	Treaswer	Secretary	CTreasurer 0
Other	Other	🗆 Other	Dother DY File
			The Co
Chairman	Name:	Chairman	Name:
⊡Vice Chairman	Address:	⊡Vice Chairman	Address:
Director		Director	
President		□President	
⊡Vice President		□Vice President	
□ Secretary		Secretary	🖵 Treaswer
⊡Oth≑r	□Other	00ther	COther

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 \$.817.155, F.S.

13. JOSEPH MIGHDOLL, PRESIDENT

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

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