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COVER LETTER

Division of Corporations					
SUBJECT: ALBEE BABY CARRIAG	GE CO., INC.				
		- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to	ate of Good Stan	ding" and check are sub			
Please return all correspondence conce	rning this matter	to the following:			
CARLA WEINTRAUB					
	Name of	Person			
ALBEE BABY CARRIAGE CO., INC.					
	Firm/Com	pany			
2 SEAVIEW BOULEVARD					
	Addre	ess			
PORT WASHINGTON, NY 11050					
	City/State a	nd Zip code			
ALBEENY@AOL.COM					
E-mail addr	ess: (to be used f	or future annual report r	notification)		
For further information concerning this	s matter, please c	all:			
PETER FIORE	at (718) 767-0737			
Name of Person	Area Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status &		
Certificat	- or manda	certified coby	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.

	able in Florida, enter alternate corporate name ac	_	business in Florida)	
NEW YORK (State or countr	y under the law of which it is incorporated)	3-1578034 (FEI number, if applicable)		
02/06/1948	•	•	,	
	of incorporation)	(Date of duration, if other than perpetual)		
JULY 1, 2021		<u> </u>		
	(Date first transacted business in f (SEE SECTIONS 607.1501 & 607.150		;)	
2 SEAVIEW BO	ULEVARD, PORT WASHINGTON, NY 11050			
	(Principal office			
	(Current mailing	address, if different)		
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	. 22	
Name:	CORPORATION SERVICE COMPANY		2021 (303 18	
				
office Address:	1201 HAYS STREET	<u> </u>	a 7.	
	TALLAHASSEE	Florida	7.15	
	(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.

A. DIRECTORS □ Chairman Name: CARLA WEINTRAUB □ Chairman Name: MICHAEL LIPPER Address: 119 THE CRESCENT Address: 70 COLONY LANE □Vice Chairman ☐ Vice Chairman NORTH HILLS, NY 11577 ROSLYN HEIGHTS, NY 11577 □Director □ Director X President □President □Vice President □ Secretary □ Treasurer ☐ Secretary ☐ Treasurer □Other _____ ☐Other _____ □Other _____ ☐Other _____ Name: FRAN LIPPER □ Chairman □ Chairman Name: ILAN IPPER □ Vice Chairman Address: 70 COLONY LANE Address: 46 DEEPWOOD ROAD ☐ Vice Chairman ROSLYN HEIGHTS, NY 11577 EAST HILLS, NY 11577 □Director □Director □President □President □ Vice President ∑Secretary ☐Treasurer □ Secretary □Treasurer □Other □Other _____ ☐Other _____ ☐Other ______ Name: ROBBY LIPPER ☐ Chairman ☐ Chairman Name: _____ □Vice Chairman Address: <u>59 BARBERRY LANE</u> □Vice Chairman Address: _____ ROSLYN HIGHTS, NY 11577 □ Director □ Director □ President □President Xi Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □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.

12. Canta weintraub

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. CARLA WEINTRAUB

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ALBEE BABY CARRIAGE CO., INC. was filed on 02/06/1948, fixing the duration as perpetual, 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 03rd day of June two thousand and twenty-one.

Brada C Hyles

Brendan C Hughes Executive Deputy Secretary of State