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

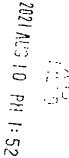
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 950294 48

A 1

COST LIMIT : \$ 70.00

AUTHORIZATION

\_\_\_\_\_.

ORDER DATE : August 9, 2021

ORDER TIME : 3:54 PM

ORDER NO. : 950294-005

CUSTOMER NO: 4813885

.....

### FOREIGN FILINGS

NAME: THE CUSTOM GROUP OF COMPANIES,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

## **COVER LETTER**

	Division of Corporations				
SUBJE	CT:	The Custom Group of Companies, I	nc.		
		Name of corp	of corporation - must include suffix		
Dear Sir	or Ma	ndam:			
"Certific	cate of	'Application by Foreign Corporat Existence," or "Certificate of Go ed foreign corporation to transact	od Standing"	and check are sub	
Please r	eturn a	III correspondence concerning this	s matter to the	e following:	
		N	ame of Perso	n	
		Fir	rın/Company		
			Address		
		City	/State and Zip	code	
		E-mail address: (to be	e used for fut	ure annual report i	notification)
For f <b>urtl</b>	ner inf	ormation concerning this matter, p	please call:		
			)		
Name		of Person Area Code		Daytime Telephone 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	
	ake che	heck for the following amount: ck payable to: <b>FLORIDA DEPART</b> ng Fee	& □ \$78.	FATE 75 Filing Fee & ified Copy	<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# 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.

(Enter name of	corporation: must include "INCORPORATED," Corp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
		1 1 Cooks are a formation by	-ii (21i-d-)		
(II name unava: _ New York	ilable in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Plorida)		
2. Ctota or coun	3try under the law of which it is incorporated)	(FEI number if annier	ablu)		
12/24/1984					
l. <u> </u>	5 te of incorporation)	(Date of duration, if other than	(Date of duration. if other than perpetual)		
, ).					
'·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		<del></del>		
228 East 45th S	treet, 12th Floor, New York, New York 10017				
•		e <u>street</u> address)			
	(Current mailing	address, if different)	20:		
			2021 AUS		
3. Name and stre	eet address of Florida registered agent: (P.O.	Box NOT acceptable)	5		
Name:	Corporation Service Company	<u>.</u>	10		
Office Address:	1201 Hays Street		P (3)		
stree reduces.	Tallahassee	Florida			
	(City)	(Zip code)	10		
Having been nar lesignated in thi urther agree to	gent's acceptance: ned as registered agent and to accept servic is application, I hereby accept the appointm comply with the provisions of all statutes re ir with and accept the obligations of my pos	ent as registered agent and agree to lative to the proper and complete pe	act in this capacity.		
•	Corporation Service Company	13			
	By: Clex	ws Weighd assistant volvered	cp+t		
_	(Registered agent's sig		•		

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 Patricia Rohe Diane McGaw Name: \_\_\_ □ Chairman Name: □ Chairman 228 East 45th Street, 12th Floor 228 East 45th Street, 12th Floor ☐ Vice Chairman Address: ☐ Vice Chairman Address: New York, New York 10017 New York, New York 10017 Director ■ Director President □ President □Vice President \_ ■ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □Chairman Name: □ Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □Director □Director □President □President □ Vice President \_\_\_\_\_ □ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Chairman ☐ Chairman □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. Diane McGaw 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. Diane McGaw

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE CUSTOM GROUP OF COMPANIES, INC.

DOS ID Number: 962458

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 12/24/1984

Statement Status: CURRENT Statement Due Date: 12/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 09, 2021 at 02:53 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C. Hugher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100000211544 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>