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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

2021 AUG 27 PM 1:04
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

800 Jeffco Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

FILED
2021 AUG 27 AM 11:21

Electronic Filing Menu Corporate Filing Menu Help

8/30/21

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.

1. 800 Jeffco 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)

3. _____
(FEI number, if applicable)

4. 01/01/2003
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 35 Crooked Hill Rd Commack, NY 11725
(Principal office street address)

_____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Blumberg Excelsior Corporate Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Fl.

TALLAHASSEE, Florida 32301
(City) (Zip code)

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21 AUG 27 AM 11:21

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.

Jose Mejico, Assistant Secretary
(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):

A. DIRECTORS

☐ Chairman Name: Jeffrey Corwin
☐ Vice Chairman Address: 35 Crooked Hill Rd
☐ Director Commack, NY 11725
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ________ ☐ Other ________

☐ Chairman Name: ________
☐ Vice Chairman Address: ________
☐ Director ________
☐ President ________
☐ Vice President ________
☐ Secretary ☐ Treasurer
☐ Other ________ ☐ Other ________

☐ Chairman Name: ________
☐ Vice Chairman Address: ________
☐ Director ________
☐ President ________
☐ Vice President ________
☐ Secretary ☐ Treasurer
☐ Other ________ ☐ Other ________

☐ Chairman Name: ________
☐ Vice Chairman Address: ________
☐ Director ________
☐ President ________
☐ Vice President ________
☐ Secretary ☐ Treasurer
☐ Other ________ ☐ Other ________

☐ Chairman Name: ________
☐ Vice Chairman Address: ________
☐ Director ________
☐ President ________
☐ Vice President ________
☐ Secretary ☐ Treasurer
☐ Other ________ ☐ Other ________

☐ Chairman Name: ________
☐ Vice Chairman Address: ________
☐ Director ________
☐ President ________
☐ Vice President ________
☐ Secretary ☐ Treasurer
☐ 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. ____
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. Jeffrey Corwin , President
(Typed or printed name and capacity of person signing application)

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:	800 JEFFCO CORP.
DOS ID Number:	2850053
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/30/2002
Statement Status:	CURRENT
Statement Due Date:	12/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	12/30/2002
Effective Date:	01/01/2003
Entity Name:	800 JEFFCO CORP.

Document Type:	BIENNIAL STATEMENT
Date of Filing:	03/31/2005
Effective Date:	12/01/2004

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/24/2007
Effective Date:	12/01/2006

Document Type:	BIENNIAL STATEMENT
Date of Filing:	11/21/2008
Effective Date:	12/01/2008

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/04/2013
Effective Date:	12/01/2012

Document Type:	BIENNIAL STATEMENT
Date of Filing:	12/15/2014
Effective Date:	12/01/2014

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/16/2017
Effective Date:	12/01/2016

Document Type:	BIENNIAL STATEMENT
Date of Filing:	12/06/2018
Effective Date:	12/01/2018

Document Type:	BIENNIAL STATEMENT
Date of Filing:	12/07/2020
Effective Date:	12/01/2020

Above space is left blank intentionally.

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 27, 2021 at 10:11 A.M.

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

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