

F21000005190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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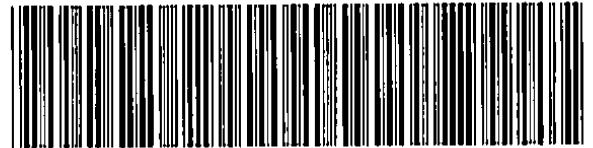
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP -9 PM 10:02

SECRETARY OF REVENUE
TALLAHASSEE, FL 323

2021 SEP -9 AM 11:17

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/08/2021

****WALK IN****

ENTITY NAME SIEGELSON'S DIAMONDS INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

S R JH

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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. SIEGELSON'S DIAMONDS INC.

(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 3. 13-1602882
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 1, 1949 5. _____
(Date of incorporation) (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. 589 Fifth Ave, Suite 1501, New York, New York 10017
(Principal office street address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Lovahatchee, Florida 33470
(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.



Patricia Reyes on behalf of InCorp Services, Inc.

(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: Lee Siegelson
☐ Vice Chairman Address: 589 Fifth Ave, Suite 1501
☐ Director New York, New York 10017
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

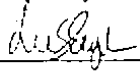
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ 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. Lee Siegelson
(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:	SIEGELSON'S DIAMONDS INC.
DOS ID Number:	64287
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/01/1949
Statement Status:	CURRENT
Statement Due Date:	12/31/2021

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:	12/01/1949
Entity Name:	SIEGELSON'S JEWELRY SHOP, INC.

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	06/15/1981
Name Changed To:	SIEGELSON'S DIAMONDS INC.

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/20/1993
Effective Date:	12/01/1992

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/10/1993
Effective Date: 12/01/1993

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/05/1997
Effective Date: 12/01/1997

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/13/2000
Effective Date: 12/01/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/02/2002
Effective Date: 12/01/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/01/2003

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/28/2006
Effective Date: 12/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/31/2008
Effective Date: 12/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/21/2009
Effective Date: 12/01/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/08/2012
Effective Date: 12/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/11/2014
Effective Date: 12/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/29/2020
Effective Date: 12/01/2019

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 September 08, 2021
at 03:34 P.M.



ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>