## F2100005802

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: R.J. Classics, Inc.				
	Name of corporation	ı - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Star	nding" and check are submi		
Please return all correspondence co	ncerning this matte	r to the following:		
Michelle Seltzer				
	Name of	Person		
R.J. Classics, Inc.				
<u></u>	Firm/Con	npany		
2900 NW 27th Avenue- Suite 100				
	Addr	ess		
Pompano Beach, FL 33096				
	City/State a	ind Zip code		
michelles@rjclassics.com				
E-mail a	ddress: (to be used	for future annual report not	ification)	
For further information concerning	this matter, please of	call:		
Michelle Seltzer	917 at (	716-1296	716-1296  Daytime Telephone Number	
Name of Person	Area Cod	e Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
<del>-</del>	DA DEPARTMENT		■ \$87.50 Filing Fee. Certificate of Status & 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.

(16	10051W - FL, INC	ne adopted for the purpose of transacting business	
	able in Florida, enter alternate corporate nam		s in Florida)
New York		3. (FEI number, if applicable)	
(Date	of incorporation)	5. Perpetual  (Date of duration, if other than perpe	
(Dak	of meorporation)	(Date of duration, if other than perpe	.tuur,
	(Date first transacted business	in Florida, if prior to registration)	
		.1502, F.S., to determine penalty liability)	
000 NW 27th A	venue Suite 100 Pompano Beach, FL 33069		
		ffice street address)	
	(Current mail	ling address, if different)	- ·
	et address of Florida registered agent: (P	.O. Box NOT acceptable)	22
Name and stree	Michael Feldman-		14 - 1 11 - 1
Name and <u>stree</u> Name:			13.7
Name:	169 E. Flagler St. Suite 500		
			32
Name:		Florida <u>33131</u> (Zip code)	

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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: Roberta Weintraub	□Chairman	Name:	
□Vice Chairman	Address: 145 Bedford Road-Suite 202	□Vice Chairman	Address:	
□Director	Armonk, NY 10504	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	□Secretary		Treasurer
□Other	Other	Other		□Other
□Chairman	Name:	☐Chairman	Name:	· · · · · · · · · · · · · · · · · · ·
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer 2021
□Other		□Other		Other
				-8 F
□Chairman	Name:	□Chairman	Name:	PH   2:
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		<del></del>
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	Other	<del></del>	□Other
individuals may be	Jse an attachment to report more than six (6). The attac added to the index when filing your forida Departmen	thment will be image	d for reportin <del>g pe</del> port form.	<del>irposes only. Non-in</del> dexed
12	Signature of Director or	Officer		
she is aware that fa s.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Department of the			
Roberta Wei	iniau)			

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of R.J. CLASSICS, INC. was filed on 11/04/1999, with perpetual duration, 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.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of June two thousand and twenty-one.

Bradan C Hylan

Brendan C Hughes Executive Deputy Secretary of State



September 15, 2021

MICHELLE SELTZER R.J. CLASSICS, INC. 2900 NW 27TH AVENUE, SUITE 100 POMPANO BEACH, FL 33096

SUBJECT: R.J. CLASSICS, INC. Ref. Number: W21000124934

We have received your document for R.J. CLASSICS, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please list only 1 person as the Registered Agent.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 821A00022303

Mel Solomon Senior Section Administrator

www.sunbiz.org