

11/17/21, 9:43 PM

Division of Corporations

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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 : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: Jerry@diversifiedcorp.com

2021 NOV 18 AM 8:54

TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
R.G. NIEDERHOFFER CAPITAL MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**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. **R.G. NIEDERHOFFER CAPITAL MANAGEMENT, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **DELAWARE**

(State or country under the law of which it is incorporated)

3. **APPLIED FOR**

(FEI number, if applicable)

4. **MAY 11, 1993**

(Date of incorporation)

5. **PERPETUAL**

(Date of duration, if other than perpetual)

6. **UPON FILING**

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

7. **2218 BROADWAY, SUITE 215, NEW YORK, NY 10024**

(Principal office ~~street~~ address)

SAME

(Current mailing address, if different)

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

Name: **DIVERSIFIED CORPORATE SERVICES INT'L, INC.**

Office Address: **18560 NORTH BAY ROAD**

SUNNY ISLES BEACH

(City)

, Florida **33160-2439**

(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.

/s/ JERRY JOSEPH - PRESIDENT

(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]:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

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☒ Chairman Name: ROY G. NIEDERHOFFER ☐ Chairman Name: _____
☐ Vice Chairman Address: 2218 BROADWAY, STE. 215 ☐ Vice Chairman Address: _____
☒ Director NEW YORK, NY 10024 ☐ 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
☐ 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
☐ 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.

12. /s/ ROY G. NIEDERHOFFER
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. /s/ ROY G. NIEDERHOFFER
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "R.G. NIEDERHOFFER CAPITAL MANAGEMENT,
INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE
AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF
NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "R.G.
NIEDERHOFFER CAPITAL MANAGEMENT, INC." WAS INCORPORATED ON THE
ELEVENTH DAY OF MAY, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



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SR# 20213791993

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204683935

Date: 11-15-21

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