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From: Vcorp Services, LLC Page 1 of 2



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To:

Division of Corporations

Fax Number : (850) 617-6333

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (345)818-3588

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Robert O. Mayer C.P.A., P.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

S. FRANKLIN

DEC 1 7 2021

18886118813

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.

L. Robert O. Maye	er C.P.A. Professional Corporation			
(Enter name of c	corporation; must include "INCORPORATED," - Corp." "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION."		
(If name unavail	lable in Florida, enter alternate corporate name ad-	opted for the purpose of transacting busi	ness in Florida)	
New York				
(State or country under the law of which it is incorporated) 8/27/1993		(FEI number, if applicable)		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
, 4201 N Ocean Bl	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 lvd, C1108	lorida, if prior to registration) 2. F.S., to determine penalty liability)	2022 DEC 16	
Boca Raton, FL	(Principal office 33431	<u>street</u> address)	Sec. =	
	(Current mailing a	iddress, if different)	- 20 F- 17	
. Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		
Name:	Robert O. Mayer	·		
Office Address:	4201 N Ocean Blvd, C1108	***		
	Boca Raton	, Florida ³³⁴³¹		
	(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.

(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.

A. DIRECTORS

□Chairman	Name: Robert O. Mayer	□ Chairman	Name	
□Vice Chairman	Address: 4201 N Ocean Blvd, C1108	□Vice Chairman		
□Director	Boca Raion, FL 33431	Director		
■ President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer			
□Other		□ Secretary		☐Treasurer
	Other	Other		[]Other
□ Chairman	Name:	⊈Chairman	Nume:	
□Vice Chairman	Address:			
□ Director		Director		
∐President		□President		
=		□Vice President		20
□ Secretary	☐ Treasurer	□Secretary		Treasurer CC
Other		□Other		DOther of
				SSC P
□Chairman	Name:	□Chairman §	Name:	
□Vice Chairman .	Address:		Address:	' ## ©
□rst .		E6;		
□President _		□President		
□Vice President _		□Vice President		
□Secretary	☐ Treasurer	☐Secretary		□'fireasurer
□Other	□O(her	∐Other		□Other
Important Notice: Us individuals may hold	o'an attachment to report more than six (6). The a	ttachment will be imaged for ment of State Annual Repo		

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 fellony as provided for in s.817.155, F.S.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting 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: ROBERT O. MAYER C.P.A., P.C.

DOS ID Number: 1752635

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 08/27/1993

Statement Status: CURRENT

Statement Due Date: 08/31/2021

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: 08/27/1993

Entity Name: ROBERT O. MAYER C.P.A., P.C.

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 09/25/1995

 Effective Date:
 08/01/1995

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 08/04/1997

 Effective Date:
 08/01/1997

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From: Vcorp Services, LLC

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 09/14/1999

 Effective Date:
 08/01/1999

Document Type: BIENNIAL STATEMENT

 Date of Filing:
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 Effective Date:
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Document Type: BIENNIAL STATEMENT

 Date of Filing:
 08/15/2003

 Effective Date:
 08/01/2003

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 10/05/2005

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Document Type: BIENNIAL STATEMENT

 Date of Filing:
 08/24/2007

 Effective Date:
 08/01/2007

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 08/12/2020

 Effective Date:
 08/01/2019

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Above space is left blank intentionally.

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 182021 at 12:50 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Hughan

By Brendan C. Hughes
Executive Deputy Secretary of State

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