Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000036964 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

Phone : (800)906-9220 Fax Number : (800)906-9880

**Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	futu	re.
an	nual	repor	t mailin	gs.	Enter	on1y	one	email	add	res:	s ple	ase.	* *	بند

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION NUHOME ELECTRONICS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*	ectronics, inc.		
(Entername of "hig.," "Co.," "(corporation; must include "INCORPORATED," Lorp, a line, a "Co," or "Corp.")	"COMPANY," "CORPORATION	11
Of name impayai	uble in Plorida, enter alternate comporate name ac	onted for the names of names the	Description to VIII of A
NIEW YORK			
(State or count	ry ander the law of which it is incorporated)	(FBI number, if app	licable)
12/30/1991	5		
(Date	of inverporation) 5.	(Date of duration, if other th	an perpotual)
	(Date first transacted business in F (SBE SECTIONS 607.1501 & 607.150)	lorida, if orter to registration)	
5769 L3TH AVE	BROOKLYN, NY 11219	i, r.s., io dominino panally liability	9
	(Principal office	street address)	-
	,	ATTENDED AND ADDRESS OF THE PERSON OF T	
	(Current malling	iddress. if different)	
	(Current mailing	address, if different)	· · · · · · · · · · · · · · · · · · ·
Name and sires	(Current mailing of Current mailing of address of Florida registered agent: (P.O.)	•	
Name and <u>stree</u> Name:	·	•	202 507
Name:	d address of Florida registered agent: (P.O.)	•	2022 JAI SEGRE TALLAH
Name:	A address of Florida registered agent: (P.O.) Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A	Box <u>NOT</u> acceptable)	2022 JAN 28 SECRETAR TALLAHASS
Name:	A address of Florida registered agent: (P.O.) Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A	•	JAN 28 DRETARY JAHASSEI
Name:	A address of Florida registered agent: (P.O.) Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tellahassee (City)	Box <u>NOT</u> acceptable) , Florida 32301	JAN 28 PH DRETARY OF SAHASSEE, FI
Name: Ice Address: Registered age	Anddress of Florida registered agent: (P.O.) Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tailahassee (City)	Box NOT acceptable) , Florida 32301 (Zip code)	JAN 28 PM 6 DRETARY OF SI AHASSEE, FLO
Name: fice Address: Registered age ving been name Ignated in this	A address of Florida registered agent: (P.O.) Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) att's acceptance: ed as registered agent and to accept service application. I hereby accept the acceptance.	Box NOT acceptable) , Florida 32301	JAN 28 PH 6: 20 STAN 28
Name: Ico Address: Registered age ving been nam lynated in this ther agree to co	Registered Agens Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) att's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives relatives.	Box NOT acceptable) , Florida 32301	JAN 28 PH 6: 20 STAN 28
Name: Ice Address: Registered age ving been nam Ignated in this ther agree to co	A address of Florida registered agent: (P.O.) Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) att's acceptance: ed as registered agent and to accept service application. I hereby accept the acceptance.	Box NOT acceptable) , Florida 32301	JAN 28 PH 6: 20 STAN 28
Name: fice Address: Registered age ving been nam Ignated in this ther agree to co	Registered Agens Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) att's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives relatives.	Box NOT acceptable) , Florida 32301	JAN 28 PH 6: 20 STAN 28
Name: Ico Address: Registered age ving been nam Ignated in this ther agree to co	Registered Agens Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) att's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives relatives.	Box NOT acceptable) , Florida 32301	NHASSEE, FLO or portalist of my dutient of m
Name: fice Address: Registered age wing been nam denated in this ther agree to co	Registered Agens Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I keredy accept the appointment with and accept the obligations of my positivity and accept the obligations of my positivity and accept the obligations of my positivity.	Box NOT acceptable) , Florida 32301, Code) of process for the above stated cost as registered agent and agree tive to the proper and complete plan as registered agent.	NHASSEE, FLO or portalist of my dutient of m
Name: Tice Address: Registered age wing been nam dgnated in this ther agree to co	Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Telluhassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment with and accept the obliquious of my positive and accept the obliquious of my positive with and accept the obliquious of my positive Steven Wesse, Assistant Secretary or	Box NOT acceptable)	AN 28 PM 6: OF SIVE PLOT SIVE AND AUTHORISM SINCE OF MY AUTHORISM SOLUTIONS, Inc.

^{14:} For hillial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (th total):

		4.	٠, ;	٠.٠٠	•		
((Н	22	000	03	696	4 3)))	

	Signature of Din	octor of Officer	
onnessat Modico: U adividuals may be s	so an etisohment to report more than six (6). The deed to the index when filling your Florida De	ho attachment will be imaged to partnerst of Stars Amusi Repo	in reporting purposes only. Non-indexed on form.
□00btr	ClOther	□Oiber	Дофег
DScoretary	OTemper	Score lary	[Theasurer
OVice President		□Vice President	
DPresident .		□ President _	
Oppiecia -		DDtrector .	
□Vi∞ Chainman	Address:	OVice Chairman	Address:
D Chalman	Nume:	UChairman 1	Vane:
□ Oithet	COther		[]Other
U Secretary	Circumo	□ Socretary	[] These open
CIVico President		UVice President	
OPresident		. DPresident	
Otherwor		Director	
DVice-Chairman	Adiress;		Address:
□ Chairman	Names	□Ctis(man	Name
(C) Odeir			
Decreiny	OTreasurer	☐ Socretary	D'Trossurer
CIVica President		_ Uvico President	
President		_ Diresident	
DDirector	BROOKLYN, NY 11219	CiDirector	
□Vice Chairman	Address: 6709 13TH AVE	[]Vico Cheiman	Address:
DC kimu	Name: JOSEPH GREENPELD		Name:
IN DIVECTOR	?		

The officer or director signing this document (and who is listed in number 11 above) affirms that the faces stated herein are true and that he or this is owner that false information submitted in a document to the Department of State constitutes a third degree fetory as provided for in 1877.33, P.S.

13 JOSEPH GREENFELD, PRESIDENT

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:

NUHOME ELECTRONICS, INC.

DOS ID Number:

1599184

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

12/30/1991

Statement Status:

CURRENT

Statement Due Date:

12/31/2023

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:

12/30/1991

Entity Name:

NUHOME ELECTRONICS, INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

03/09/1993

Effective Date:

12/01/1992

Document Type:

BIENNIAL STATEMENT

Date of Filing:

07/13/1995

Effective Date:

12/01/1993

Page 1 of 3

(((H22000036964 3)))

Document Type:

BIENNIAL STATEMENT

Date of Filing:

12/23/1997

Effective Date:

12/01/1997

Document Type:

BIENNIAL STATEMENT

Date of Filing:

12/29/1999

Effective Date:

12/01/1999

Document Type:

BIENNIAL STATEMENT

Date of Filing:

11/30/2001

Effective Date:

12/01/2001

Document Type:

BIENNIAL STATEMENT

Date of Filing:

01/25/2006

Effective Date:

12/01/2005

Document Type:

BIENNIAL STATEMENT

Date of Filing:

12/21/2007

Effective Date:

12/01/2007

Document Type:

BIENNIAL STATEMENT

Date of Filing:

01/28/2022

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 January 28, 2022 at 10:16 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Bradon C Hydro

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000991161 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ccorp.dos.ny.gov