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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850,656,7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 2/22/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1002348

ORDER ENTITY

MEDIA SALES PLUS, INC.

PLEASE	PERFORM	THE FOLLOWING	SERVICES:
845514			

MEDIA SALES PLUS, INC. (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: Paul@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, February 22, 2022 Page 1 of 1

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.

(Enter name of c	orporation; must include "INCORPORATED." orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	ng business in Florida)
New York	3		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
01/03/2000	5		
(Date of incorporation)		(Date of duration, if other	than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501		ity)
6400 Main Street	, Suite 201, Williamsville, NY 14221		
`		e <u>street</u> address)	
	(Current mailing	address, if different)	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2022 FEB
Name:	NRAI Services, Inc.		FEB .
Office Address:	1200 South Pine Island Road		EB 22 AM 9: 38
	Plantation	, Florida 33324	AH 9:
	(City)	(Zip code)	15 m m m m m m m m m m m m m m m m m m m
Having been nam lesignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agr lative to the proper and comple	d corporation at the place to act in this capacit te performance of my d
ind Lam familiar			
nd I am familiai	NRAI Services, Inc., By: Lisa A. Dela	aney, Assistant Secretary	
ind I am familiai	NRAI Services, Inc., By: Lisa A. Dela By:/s/ Lisa A. Delaney	aney, Assistant Secretary	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 Dominick Bordonaro Michelle Bordonaro □ Chairman Name: □Chairman Name: 47 Emerald Trail 47 Emerald Trail ☐ Vice Chairman Address: ☐ Vice Chairman Address: Williamsville, NY 14221 Williamsville, NY 14221 ☐ Director □ Director President □President □ Vice President ■ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer Other Chief Executive Officer □Other _____ □Other Lauren Bordonaro Joseph Pulito Name: __ □ Chairman □ Chairman 20 Hearthstone Terrace 7169 Norman Drive □Vice Chairman Address: ☐ Vice Chairman Address: Orchard Park, NY 14127 North Tonawanda, NY 14120 □Director **■**Director □ President □ President □ Vice President ☐ Vice President Secretary ■Treasurer □ Secretary □ Treasurer □Other ______ ____ □Other □Other _____ Other _____ Michael Stanek □ Chairman Name: _ □Chairman Name: _____ PO Box 7 □ Vice Chairman Address: □ Vice Chairman Address: Welaka, FL 32193 Director □ Director □ President □President ☐ Vice President ☐Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □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/ Dominick Bordonaro 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. Dominick Bordonaro, Chief Executive Officer (Typed or printed name and capacity of person signing application)

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:

MEDIA SALES PLUS, INC.

DOS ID Number:

2456534

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/03/2000

Statement Status:

CURRENT

Statement Due Date:

01/31/2024

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 February 21, 2022 at 04:07 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Hydro

By Brendan C. Hughes Executive Deputy Secretary of State

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