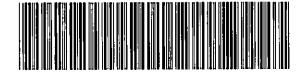
# P4110000000

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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PALLAHASSEE, FLORE

?FED 24 PH 3: 12

8. FRANKLIN FEB 2 5 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 509103 / 8259986

AUTHORIZATION: Spelle Box

COST LIMIT : \$ 70.00

ORDER DATE : February 22, 2022

ORDER TIME : 9:45 AM

ORDER NO. : 509103-005

CUSTOMER NO: 8259986

FOREIGN FILINGS

NAME: TRUE PERFECTION CONSTRUCTION

CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX' PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

# 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.

(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Fl	lorida)
2. New York	3		
		(FEI number, if applicable)	
4	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		702'
7. 20515 E Club Dr	ive, Apt. 2247, Aventura, FL 33180	:	77
	(Principal office	\$:	824
	(Current mailing a	iddress, if different)	PH 3: 12
8. Name and street	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	. 72
Name:	Simon Glanzberg	_	
Office Address:	20515 E Club Drive, Apt. 2247	_	
	Aventura (City)	. Florida 33180	
	(City)	(Zip code)	
designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointmen	of process for the above stated corporation of the as registered agent and agree to act in this tive to the proper and complete performanc ion as registered agent.	s capacity. I
_	or <del>poration</del> Service Company		

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.

(Registered agent's signature)

## DocuSign Envelope ID: 23763A80-983C-4531-ADD0-7318BED42FA7

#### A. DIRECTORS Simon Glanzberg □ Chairman □ Chairman Name: 20515 E. Club Drive, Apt. 2247 □ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □ President □President Aventura, FL 33180 ☐ Vice President □Vice President ☐Treasurer ☐ Secretary □Treasurer □ Secretary CEO □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other Other \_\_\_ Name: \_\_\_\_\_ Name: □Chairman □ Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman □ Director □ Director □ President □ President □Vice President \_\_\_\_\_ □Vice President □ Secretary □Treasurer ☐ Secretary □Other\_\_\_\_\_ □Other\_\_\_\_\_ □ Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ 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 with added to the index when filing your Florida Department of State Annual Report form. SIMON GUNZBERG 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.

Simon Glanzberg,CEO

#### 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: TRUE PERFECTION CONSTRUCTION CORP.

**DOS ID Number:** 5059993

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

**Date of Initial Filing with DOS:** 12/30/2016

Statement Status: PAST DUE DATE

Statement Due Date: 12/31/2018

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:
 12/30/2016

 Effective Date:
 01/01/2017

Entity Name: TRUE PERFECTION CONSTRUCTION CORP.

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practice of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 22, 2022 at 11:28 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001118921 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>