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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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S. ROBERTS FEB 1 8 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ANDIOS INC			
	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good Standi	ng" and check are submi	
Please return all correspondence of	concerning this matter to	the following:	
Shmuel Brand			
	Name of Pe	erson	
Brand Corporate Services Inc			
	Firm/Compa	ıny	
523 Arlington Rd			
	Address	;	
Cedarhurst, NY 11516			
	City/State and	Zip code	
Shmuel@sandtconsulting.us			
E-mail	address: (to be used for	future annual report not	ification)
For further information concerning	g this matter, please cal	1:	
Dovber Fine	646 at () 462-1840 Daytime Telephor	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER AND Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Stallahassee, FL 32303	e	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
	RIDA DEPARTMENT C 75 Filing Fee &		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Lenter name of c		"COMPANY" "CORPORA"	TION: "
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	COMPANI, CORPORA	HO,S,
ANDIOS FL IN	С		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of trans	acting business in Florida)
New York	3. 47-4691725		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
08/03/2015	5.		
(Date	of incorporation) 5	(Date of duration, if o	ther than perpetual)
1/25/2022			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
338 E 88TH STR	EET BROOKLY∦NY 11236		
		e <u>street</u> address)	
	(Current mailing	address, if different)	****
Name and stree	11 600 11 1 1 10 0	D. NOT III	•
Titaline and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
-	et address of Florida registered agent: (P.O. Dovber Fine	Box NOT acceptable)	2022 F
Name:		Box <u>NOT</u> acceptable)	12022 FEB 18
Name:	Dovber Fine 9065 Emerson Ave Surfside	 . Florida ³³¹⁵⁴	2022 FEB 18 AH
Name:	Dovber Fine 9065 Emerson Ave	Florida (Zip code)	2022 FEB 18 AHII:
Name:	Dovber Fine 9065 Emerson Ave Surfside (City)	 . Florida ³³¹⁵⁴	2022 FEB 18 AHII: 00 STALLARASSLE FL
Name: ffice Address: Registered againg been name	Dovber Fine 9065 Emerson Ave Surfside (City) ent's acceptance: seed as registered agent and to accept services	, Florida 33154(Zip code) e of process for the above s	SSE TO CONTRACT OF THE PLAN AND ALL THE PLAN AND AND AND ALL THE PLAN AND ALL THE PLAN AND AND AND AND AND AND AND AND AND A
Name: ffice Address: Registered againg been namesignated in this	Dovber Fine 9065 Emerson Ave Surfside (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointment	Florida 33154 Florida (Zip code) e of process for the above sent as registered agent and	tated corporation at the pla agree to act in this capacity
Name: ffice Address: Registered agiverned ag	Dovber Fine 9065 Emerson Ave Surfside (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes research.	. Florida 33154 (Zip code) e of process for the above sent as registered agent and lative to the proper and con	tated corporation at the pla agree to act in this capacity
Name: ffice Address: Registered agiven namesignated in this	Dovber Fine 9065 Emerson Ave Surfside (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointment	. Florida 33154 (Zip code) e of process for the above sent as registered agent and lative to the proper and con	tated corporation at the pla agree to act in this capacity
Name: ffice Address: Registered agaving been namesignated in this	Dovber Fine 9065 Emerson Ave Surfside (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes registered and accept the obligations of my positive accept the obligations of my pos	. Florida 33154 (Zip code) e of process for the above s ent as registered agent and lative to the proper and con ition as registered agent.	tated corporation at the pla agree to act in this capacity
Name: ffice Address: Registered agiverned ag	Dovber Fine 9065 Emerson Ave Surfside (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes research.	. Florida 33154 (Zip code) e of process for the above s ent as registered agent and lative to the proper and con ition as registered agent.	tated corporation at the pla agree to act in this capacit

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

A. DIRECTORS Dovber Fine **≡**Chairman Name: □Chairman Name: ______ 9065 Emerson Ave. Address: □Vice Chairman □Vice Chairman Address: Surfside FL 33154 □Director □ Director □ President ☐ President □Vice President ☐ Vice President ☐Treasurer ☐ Treasurer ☐ Secretary ☐ Secretary □Other Other □Other _____ □Other __ Dovber Fine □Chairman Name: □Chairman Name: 9065 Emerson Ave ☐ Vice Chairman Address: ☐ Vice Chairman Address: Surfside FL 33154 □ Director □Director President □ President □Vice President ___ ☐ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other_____ □Other □ Other _____ □Other Dovber Fine □Chairman □Chairman Name: 9065 Emerson Ave □Vice Chairman Address: ☐ Vice Chairman Address: Surfside FL 33154 □ 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. Dorber Fine 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. Dovber Fine, 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:

ANDIOS INC

DOS 1D Number:

4799063

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

08/03/2015

Statement Status:

CURRENT

Statement Due Date:

08/31/2023

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 01, 2022 at 12:01 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100001007650 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov