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To:			РАК	۰- ۲
	Division of Cor	porations	1	ġ,
	Fax Number	: (850)617-6383		p ·
From:			3	~
	Account Name	: RASI	1 -	<u> </u>
	Account Number	: 120220000023		
	Phone	: (800)221-2972		0
	Fax Number	: (917)243-5843	•	പ

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

	EIGN PROFIT/NONPRO MJH Sales	Inc.	
Specie	ertificate of Status	0	
C	ertified Copy	0	
P	age Count	01	
Έ	stimated Charge	\$70.00	

MAR-1-0-2022

Electronic Filing Menu Corporate Filing Menu

Help

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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.

MJH Sales I			
	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
NEW YORK	3.		<u>_</u>
(State or country	under the law of which it is incorporated)	(FEI number, if appli	cable)
06/27/2005	5.		
(Date)	of incorporation)	(Date of duration, if other that	n perpetual)
	03/02/2022		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
546 F	FTH AVENUE, 18TH FLOOR, NEW YOR	K, NY, UNITED STATES, 10036	
	(Principal of	fice street address)	
546 FI	FTH AVENUE, 18TH FLOOR, NEW YOR	RK, NY, UNITED STATES, 10036	. 21
	(Current maili	ng address, if different)	2022 HAR
			AAR
Name and street	address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	- 9
Name:	Michael Herman		•
ffice Address:	119 Washington Avenue, Suite 402		AH 11: 05
		, Florida <u>33139</u>	· 0
	(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: Michael Herman	[]Chairman	Name	
□Vice Chairman	Address:119 Washington Avenue, Suite 402	⊡Vice Chairman	Address:	
Director	Miami Beach, Florida 33139	Director		
President		President		
□Vice President		⊡Vice President		
Secretary Secretary	Treasurer	⊡Secretæry		[]]Treasurer
Other	Other	Other		Dother
□Chairman	Name:	DChairman	Name	
□Vice Chairman	Address:	🛛 Vice Chairman	Address:	
Director		Director		
President		□President		
⊡Vice President		🗆 Vice President	<u> </u>	
Secretary	Treasurer	1] Secretary		CTreasure 22
[]]Other	Other	Other		Dother HR
DChairman	Name:	□Chairman	Name	-16
□Vice Chairman	Address:	🗆 Vice Chairman	Address:	
Director		Director		-
DPresident		President		
□Vice President		I⊒ Vice President	<u></u>	
Secretary	Treasurer	Secretary		□Treasurer
Other	Other	Other	<u>-</u> _	⊡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. _____

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. _____

Michael Herman

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:

Date of Filing: Effective Date:	08/17/2009 06/01/2009				
Document Type:	BIENNIAL STATEMENT				
Effective Date:	06/01/2007				
Date of Filing:	10/02/2007				
Document Type:	BIENNIAL STATEMENT				
Entity Name:	MJH SALES INC.				
Date of Filing:	06/27/2005				
Document Type:	CERTIFICATE OF INCORPORATION				
Date of Initial Filing with DOS: Statement Status: Statement Due Date:	06/27/2005 CURRENT 06/30/2023	2022 MAR -9 AH II: 05 said entity:			
Entity Type: Entity Status:	DOMESTIC BUSINESS CORPORATION EXISTING				
DOS ID Number:	3223945				

Document Type:	BIENNIAL STATEMENT	
Date of Filing:	08/07/2018	
Effective Date:	06/01/2017	
Document Type:	BIENNIAL STATEMENT	
Date of Filing:	06/03/2019	
Effective Date:	06/01/2019	2022 HAR
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	BIENNIAL STATEMENT	
Document Type:	DEPARTMENTS DI PET DATO DE L	

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 March 02, 2022 at 04:16 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C. Huglas

By Brendan C. Hughes Executive Deputy Secretary of State

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