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SEORETARY OF STATE TALL AHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporation	ons				
SUBJ	ECT: DOUBLE DOW	N REALTY CORP.				
3000		Name of corpora	ion - mu	st include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or ' referenced foreign corporate	Certificate of Good S	Standing"	and check are sub		
Please	return all corresponden	ce concerning this ma	tter to th	e following:		
MICH.	AEL A. FREELING, ESQ					
		Name	of Perso	n		
BLOO	M & FREELING					
		Firm/C	Company			
2295 N	N.W. CORPORATE BLVE	D. #117				
		A	ddress			
BOCA	RATON, FLORIDA 334	31				
		City/Sta	te and Zi	p code		
SJM65	545@GMAIL.COM					
	E-n	nail address: (to be us	ed for fut	ure annual report r	notification)	
For fu	rther information concer	ning this matter, plea	se call:			
MICHAEL A. FREELING, ESQ. at (86	ode) S64-0000 Daytime Telephone Number		
	Name of Person	Area	Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please	-		□ \$78	TTATE .75 Filing Fee & tified Copy	 \$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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
NEW YORK		13-2982680					
	y under the law of which it is incorporated)	d) (FEI number, if applicable) 5. PERPETUAL (Date of duration, if other than perpetual)					
DECEMBER 15	5, 1977						
	of incorporation)						
N/A							
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)	-			
, 655 PELHAM PA	ARKWAY NORTH, BRONX, NY 10467						
•	(Principal off	fice <u>street</u> address)		-			
SAME AS ABO	VE						
	(Current maili	ng address, if different)					
. Name and stree	et address of Florida registered agent: (P. MICHAEL A. FREELING, ESQ.	O. Box <u>NOT</u> acceptable)	2022 JAN 26 AM 8: 36 SECRETARY OF STATE TALLAHASSEE, FLORID,	<u> </u>			
Office Address:	2295 N.W. CORPORATE BLVD., #117	<u>.</u>		ED			
	BOCA RATON	, Florida 33431	8: 3: STATE LORIC				
	(City)	(Zip code)	DE 9				
Having been nam Jesignated in this Jurther agree to c	ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes or with and accept the obligations of my positions.	ment as registered agent and ag relative to the proper and compl	ree to act in this capac	city. I			

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

under the law of which it is incorporated.

A. DIRECTORS Name: Mindy V. Milchman _iChairman Name: Scott J. Milchman □Chairman . Address: 655 Pelham Parkway North, Address: 655 Pelham Parkway North, ☐ Vice Chairman ☐ Vice Chairman Bronx, NY 10467 Bronx, NY 10467 □ Director □Director □President President 1 ■ Vice President □Vice President Treasurer □Secretary ☐ Treasurer ☐ Secretary Other □ Other _____ □Other _____ □ Other _____ Name: _____ □ Chairman Name: □ Chairman Address: _____ ☐Vice Chairman Uvice Chairman Address: Director ☐ Director □President ☐ President ☐ Vice President ☐ Vice President ☐Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □Other ____ ---□Other _____ □Other _____ ☐ Chairman Name: _____ Name: Chairmun Address: ☐ Vice Chairman □Vice Chairman Address: □ Director □Director ☐ President □ President □Vice President □Vice President _____ Treasurer □ Secretary ☐ Treasurer □ Secretary □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 (1) be added to the index when filing your Florida Department of State Annual Report form. 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.

SCOTT J. MILCHMAN, 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:

DOUBLE DOWN REALTY CORP.

DOS ID Number:

159348

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

12/15/1977

Statement Status:

CURRENT

Statement Due Date:

12/31/2021

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 19, 2022 at 03:35 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

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