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JEMEL LTD, INC

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: JEMELLTD, INC		
Name of corporation	- must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business.	ding" and check are submitted to register the	
Please return all correspondence concerning this matter	to the following:	
Elizabeth Veliz		
Name of I	Person	
JEMEL LTD		
Firm/Com	рапу	
5 TANYARD LANE		
Addre	ss	
HUNTINGTON, NY 11743		
City/State an	nd Zip code	
EVELIZ2011@GMAIL.COM		
E-mail address: (to be used for	or future annual report notification)	
For further information concerning this matter, please ca	all:	
Miguel Baquerizo at (978	596-6965	
Name of Person Area Code	Daytime Telephone 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	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$70.00 Filing Fee \$\sum \text{\$78.75 Filing Fee & }\sum \text{\$Certificate of Status}\$	OF STATE \$78.75 Filing Fee &  Certified Copy  Certified Copy  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.

1. JEMEL LTD, (Enter name of c	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATIO	ON,"	-
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")			
	JEMEL LT lable in Florida, enter alternate corporate name ad	D. INC.		
(If name unavail	lable in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)	
2. NEW YORK	3			
(State or count	ry under the law of which it is incorporated)	(FEI number, if a		
4	3/11/20215			
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual		r than perpetual)	
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	Florida, if prior to registration)	ilina	
2306 LONG GE	REEN CT. VALERICO, FL 33596	z, 1 .5., to determine penalty maon	iny)	
7	(Principal office	street address)		
5 TANYARD L	ANE HUNTINGTON NY 11743	<u> </u>		
		address, if different)	- 15 - 22	
	, , ,	,	APR CALL	11
8. Name and stree	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	70 R	ţ
Name:	Elizabeth Veliz		741	<u>'</u>
name:	2206 Lang Crang Ct	<u> </u>		
Office Address:	2306 Long Green Ct.		08.2 08.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1	
	Valerico	, Florida 33596 (Zip code)	₽m 'ω	
	(City)	(Zip code)		
9. Registered age	ent's accentance			
	ed as registered agent and to accept service	of process for the above state	ed corporation at the p	lace
	application, I hereby accept the appointmen			
	omply with the provisions of all statutes rela with and accept the obligations of my positi		ne perjormance of my	aunes
•	, , , , , ,	o o		
	7 111.			
	CREWISTER Debt's sign	·	<del></del>	
	(/ (Registered agent's sign	aturei		

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: Elizabeth Veliz	□ Chairman	Name:
□ Vice Chairman	5 Tanyard Lane Address:	□Vice Chairman	Address:
■ Director	Huntington, NY 11743	□Director	
■ President		□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□ Other
□ Chairman □ Vice Chairman □ Director □ President ■ Vice President ■ Secretary □ Other	Name: Miguel Baquerizo  5 Tanyard Lane  Huntington, NY 11743  □Treasurer  □Other	☐ Chairman  ☐ Vice Chairman  ☐ Director  ☐ President  ☐ Vice President  ☐ Secretary  ☐ Other	Name:
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	Treasurer	Secretary	□Treasurer
Other	Other	Other	☐ Other
12. The officer or direct	se an attachment to report more than six (6). The attachment to the filling your Florida Department of Director of Signature	or Officer or 11 above) affirms the	port form.  at the facts stated herein are true and that he or

## STATE OF NEW YORK

### DEPARTMENT OF STATE

### Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:

JEMEL LTD

DOS ID Number:

5960834

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

03/11/2021

Statement Status:

CURRENT

Statement Due Date:

03/31/2023

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 April 19, 2022 at 02:09 P.M.

Brandon C Hylson

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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