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S. FRANKLIN MAY 1 3 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Amy G. Margolis, Inc.			
	me of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence," or "Certification above referenced foreign corporation	cate of Good Stand	fing" and check are submitted to regi	
Please return all correspondence conc	erning this matter	to the following:	
Amy Margolis			
	Name of I	Person	2022 HP R
	Firm/Comp	bany	
7802 Lakeside Blvd Unit 735		•	26
	Addre:	SS	<u>-P</u>
Boca Raton, FL 33434			7. 21
	City/State an	d Zip code	-;ò-
amargolista-stantonady.com			
E-mail add	ress: (to be used fo	or future annual report notification)	
For further information concerning th	is matter, please ca	II:	
Amy Margolis	917 at (582-2358	
Name of Person	Area Code) 582-2358 Daytime Telephone Number	
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 F Certifica	DEPARTMENT (\$78.75 Filing Fee & 🔠 \$87.50	Filing Fee, ate of Status & d 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.

(11 name unavana	ble in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting bus	iness in Florida:	
New Jersey		3.	(FEI number, if applicable)		
(State or countr	v under the law of which it is incorporated)	(FEI number, if applicable)		
10/22/2013		5	(Date of duration, if other than p		
(Date	of incorporation)		(Date of duration, if other than p	erpetual)	
04/01/2022					
	(SEE SECTIONS 607.1501 & 60 vd Unit735 Boca Raton, FL 33434		Florida, if prior to registration) 02. F.S., to determine penalty liability)	2022 MPR	
	(Principal	offic	e <u>street</u> address)	PR 26	
	(Current in	iiling	address, if different)	PH 7	
Name and street	<u>t address</u> of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	: 20	
Name:	Amy Margolis				
Office Address:	7802 Lakeside Blvd				
	Boca Raton		Florida 33434		
	(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.

amy Magalisered 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	Amy Margolis Name:	□Chairman	Name:		
□Vice Chairman	7802 Lakeside Blvd Address:	□ Vice Chairman	Address:		
□Director	Boca Raton, FL 33434	□Director			
■ President		□President			
□Vice President		☐ Vice President			
□ Secretary	☐ Freasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		Other	
⊟Chairman	Name:	⊒Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□ Vice President			
□ Secretary	□ Freasurer	☐ Secretary		☐ I reasurer	
□Other				□Other	
				2	
⊡Chairman	Name:	□Chairman	Nume:		
□Vice Chairman	Address:	□Vice Chairman	Address:	(A)	
□Director		□ Director		ο · · · · · · · · · · · · · · · · · · ·	
□President		□President		PH 7:	
□Vice President		□Vice Presidem		- 20	
□Secretary	□Treasurer	□ Secretary		☐ Freasurer	
Other	DOther	□Other		□Other	
12The officer or dire	tise an attachment to report more than six (6). The attachment to the index when filing your Florida Department May Signature of Director of Signature of Director of Signature of Director of the Department to t	ent of State Annual R or Officer or 11 above) affirms the	eport form.	d herein are true and that he or	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

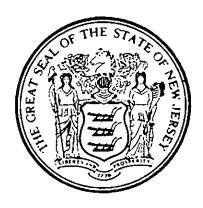
AMY G. MARGOLIS, INC. 0101029570

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 22, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ABBY KLUG 265 HILLSIDE AVENUE CHATHAM , NJ 07928



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of April, 2022

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6131009457

Verify this certificate ordine at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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