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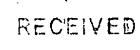


MAY 1 4 2022

D CUSHING



TO: Registration Section Division of Corporations		
SUBJECT:	REP., INC	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	inding" and check are submitted to	-
Please return all correspondence concerning this matter	er to the following:	
RONAID LUCAS		
Name o	f Person	
IRVING STREET REP.		
Firm/Co		203
620 PARK AVENUE		22 <u>F</u>
Auu	uess	
PATERSON, NJ O	1504	
PATERSON, NJ O' City/State r/UCOS 6 irvingstreets E-mail address: (to be used	and Zip code	三
F-mail address: (to be used	P. COM I for future annual report notificat	ion)
		/**/ ra (6
For further information concerning this matter, please	can.	
RONAU LUCAS a1 (917	1) 686 - 9693	
Name of Person Area Co	-	imber
STREET/COURIER ADDRESS: MAILING ADD Registration Section Registration Sect		3S :
Division of Corporations Division of Corp		ons
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	P.O. Box 6327 Tallahassee, FL 3231	.1
Tallahassee, FL 32303	rananassee, FL 3231	4
	Tallanassee, FL 3231	•
Please make check payable to: FLORIDA DEPARTMEN		
☐ \$70.00 Filing Fee	Certified Copy C	87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

SEGRERAL GÖLER FL

2022 HAY 10 PM 12: 09

March 9, 2022

RON LUCAS IRVING STREET REP 620 PARK AVENUE PATERSON, NJ 07504

SUBJECT: IRVING STREET REP., INC.

Ref. Number: W22000030897

We have received your document for IRVING STREET REP., INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you have completed the wrong application. If you are trying to go from a New Jersey Corporation to a Florida Corporation you have the wrong form. You will need to file a conversion application. If you are just wanting to be able to transact business in Florida as a New Jersey Corporation you will need to qualify it as a foreign entity. See the attached forms.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 722A00005681

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")						
	me., co corp. me, co, or corp.)					
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
2	NEW JERSEY 3 22-3783470					
	NEW JERSEY (State or country under the law of which it is incorporated) (FEI number, if applicable)					
4.	FEBRUARY 21,2001 5.					
	FEBRUARY 21, 2001 5. (Date of incorporation) (Date of duration, if other than perpetual)					
6.						
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
_						
7. 620 PARK AVENUE, PMEKSON, NJ 07504 (Principal office street address)						
	`					
	(Current mailing address, if different)					
8.	(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					
	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ANDREW CURTIS FARROW ffice Address: 6260 NE 1874 AVE # 823					
<i>(</i>)	Mice Address: 6260 NE 1874 AVE #823					
O	ffice Address: 6260 NE 18 AVE 823					
	(City), Florida 33334 (Zip code)					
	(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 goent'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: AWREW FARROW	□Chairman	Name: RONALD CUCAS
□Vice Chairman	Address: 6260 NE 18Th NE 823	□Vice Chairman	Address: 620 PARK AWNUL
□Director	FT LAWDER DALZ, FL 33334	□Director	Briekson, NJ 075
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	CEO CEO	Other	≥Other <u>CFO</u>
□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
□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
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual R	
12.	Signature of Director o		
	Signature of Director o	r Officer	
The officer or dire she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departs	r 11 above) affirms the ment of State constitu	hat the facts stated herein are true and that he or utes a third degree felony as provided for in
13.	RONALD LUCAS, CFO (Typed or printed name and capacity of person	on signific anntication	<u> </u>
	(ryped or primed name and capacity of perso	ar signing application	ij

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

IRVING STREET REP, INC.

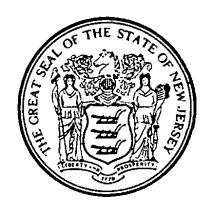
0100842899

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 February 21, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

PAUL STARGOT 620 PARK AVENUE PATERSON, NJ 07504



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of March, 2022

Elizabeth Maher Muoio State Treasurer

Slup A Mun

Certificate Number: 6129085430

Verify this certificate online at

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