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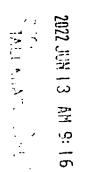
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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S. ROBERTS
JUN 1 3 2022

COVER LETTER

	ion Section of Corporations				
	'	RNATIONAL, INC.			
SOBJECT.		Name of corporation	n - must	include suffix	
Dear Sir or Mada	.m:				
"Certificate of Ex	kistence," or "Cer		nding'' a	nd check are sub	et Business in Florida," mitted to register the
Please return all o	correspondence co	oncerning this matte	er to the f	ollowing:	
BROOKS ROSS					
		Name o	l'Person		
LEGGIADRO INT	TERNATIONAL, I	NC.			
		Firm/Co	mpany	.	
65 MAIN STREET	L. 2ND FLOOR				
		Add	ress		
YONKERS, NY 10	0701				
		City/State	and Zip c	code	
ACCOUNTING@	LEGGIADRO.CO	М			
	E-mail a	address: (to be used	for futur	e annual report r	notification)
For further inform	nation concerning	this matter, please	call:		
KAREN DEGANI)	914 at (363-	63-8673 Daytime Telephone Number	
Name of	Person Person	Area Co	de	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	
	Fee	IĎA DEPARTMEN	□ \$78.7.	ATE 5 Filing Fee & Ted Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH MECTION 667,1563. FLORIDA MATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TEGGIAĐRO	INTERNATIONAL, INC					
	.orporation, must include 11NCORPORATEO." Forp." "Inc." "), 6." or "Corp.",	TO OMPANY," TO ORPORATION,				
offinanci mava	able in Florida, criter difernate corporate rume a	dopted for the purpose of transacting	Business in Florida'			
Delaware	•	3 43 38/840				
18 are or country under the law of which it is incorporated). 18 for 2000		(EEC number (Lapplicable)				
(Date of incorporation)		(Date of duration it other than perpetual)				
07/01/2021						
65 Mair Stevet, 2	(854-81 CTRONS 607-50) & 607-150 Ind FL, Yorkers, NY 1070	2. C.S., as neteriorite penalty - atomly				
	(Principal offici	e <u>street</u> address)				
	सं, धान्ता का किंद्र	address, it differenti	2022 JUN 13 SEES TALL As A			
Name and stre	et address of Florida registered agent (P.O.	Hox NOT acceptable)				
Name	NRALServices Inc		·			
Příce Address	1200 South Pine Is and Road	<u> </u>	. 9			
	Prantation 11	, Florida 33321	;			
	IU ity)	(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.

Christins Oconnor Christine Oconnor Asst. Secretary (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 80 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.

^{11.} For initial indexing purposes, for names, tries and addresses of the primary officers and or directors (up to six on) totall.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name: ANN ROSS				
□ Vice Chairman	Address:	□ Vice Chairman	Address: 108 LAKE DRIVE SOUTH				
□Director	BRONX, NY 10471	□Director	NEW FAIRFIELD, CT 06812				
₽ 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				
		CT ou					
□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				
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.							
12. Signature of Director or Officer							
The officer or dire	ctor signing this document (and who is listed in t	number 11 above) affirms th	at 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.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEGGIADRO INTERNATIONAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MAY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203542720

Date: 05-27-22