

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERLINK SALES & SERVICES CORP.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

AUDREY CARDENAS

Name of Person

INTERLINK SALES & SERVICES CORP.

Firm/Company

7901 4TH ST. N. STE 8088

Address

ST. PETERSBURG, FL 33702

City/State and Zip code

INFO@INTERLINKSCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUDREY CARDENAS at (516) 4572034
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 OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified 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.

1. InterLink Sales & Services Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

ISSCORP

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NY 3. 113016835 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/04/1990 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. 05/04/2022 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 4th St N, STE 300 St. Petersburg FL 33702 (Principal office street address)

7901 4th St. N STE 8088 St. Petersburg FL 33702 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702 (City) (Zip code)

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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.

Tom Glover

(Registered 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.

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

A. DIRECTORS

Chairman Name: ALEJANDRO COLON
 Vice Chairman Address: 7901 4TH ST. N STE 8088
 Director ST. PETERSBURG, FL 33702
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: AULEXA COLON
 Vice Chairman Address: 7901 4TH ST. N STE 8088
 Director ST. PETERSBURG, FL 33702
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: AUDREY CARDENAS
 Vice Chairman Address: 7901 4TH ST. N STE 8088
 Director ST. PETERSBURG, FL 33702
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 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. _____
Audrey Cardenas
 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.

13. AUDREY CARDENAS
 (Typed or printed name and capacity of person signing application)

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: INTERLINK SALES & SERVICES CORP.
DOS ID Number: 1444143
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 05/04/1990

Statement Status: CURRENT
Statement Due Date: 05/31/2024

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 May 19, 2022 at 12:37 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State