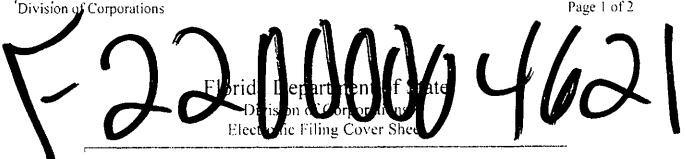
Page: 1 of 5



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

56

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077 Fax Number : (845)818-3588

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## FOREIGN PROFIT/NONPROFIT CORPORATION TRANSUBRO INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

S. FRANKLIN

JUL 2 5 2022

Electronic Filing Menu Corporate Filing Menu

Help

Page: 4 of 5

# 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.

TRANSUBRO	NCORPORATED		
	orporation; must include "INCORPORATI orp," "Inc," "Co," or 'Corp.")	ed," "Company," "Corporation,"	
(16 mayo unavail	ship in Florida, onter alternate cornerate na	me adopted for the purpose of transacting business i	n Florida)
Nau Vanh			,
2. (Canada and a canada and a c	y under the law of which it is incorporated;	3. (FEI number, if applicable)	<del></del>
02/17/2012			
	of incorporation)	5. (Date of duration, if other than perpetu	al)
6.			
	(Date first transacted busine	ss in Floride, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7. 3678 Oceanside E	Road, West, Suite 101, Oceanside, NY 115	72	
· · · · · · · · · · · · · · · · · · ·	(Principal	office <u>street</u> address)	2022
	(Current nu	uiling address, if different)	. 22
8. Name and stree	nt address of Plorida registered agent: (	(P.O. Box <u>NOT</u> acceptable)	2 F.
Name:	Veorp Services, LLC		 မွာ
Office Address:	1200 South Pine Island Road	<del></del>	င် သ
	Plantation	Florida 33324	
	(City)	, Florida 33324	
designated in this further agree to c	ied as registered agent and to accept so application, I hereby accept the appo	ervice of process for the above stated corporations interest as registered agent and agree to act in es relative to the proper and complete perform position as registered agent.  Mimi Sanik	this capacity. 1
_	(Registered agent		
	(Kegistera agent	a sagnature)	

<sup>10.</sup> 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.

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

Page: 5 of 5

A. DIRECTORS					
□ Chainnan	Name:	[]Chairman	Name: Riley Pe		
□Vice Chairman	Address:	□Vice Chairman	Address:	Oceanside Roa	d West
□Director	Suite 101	Director	Suite 101		
■ President	Oceanside, NY 11572	□President	Oceanside, NY	11572	
□ Vice President		∐Vice President	<del></del>		
☐ Secretary	☐ Treasurer	☐Secretary		☐ Treasurer	
©EQ ■Other		■Other COO		110ther	<del></del>
[]Chairman	Name:	□ Chairman	Name:	<del></del>	
☐Vice Chairman	Address:	□Vice Chairman	Address:		
□ Director		□ Director			
□President		CPresident			
□Vice President		□Vice President	<del></del>		
Secretary	☐ Treasurer	□ Secretary		LlTreasurer	7.077
Other	COther	Other		C!Other	
					22
Chairman	Name:	□Chairman	Name:		<u></u>
☐ Vice Chairman	Address:	∐Vice Chairman			<u>(,)</u>
□Director		ÜDirector	<del></del>	<u> </u>	ည
□President _		∐President			
☐ Vice President		□Vice President			
Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer	
LIOther		□Other	_ <del></del>	L1Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of	nt of State Annual Re	d for reporting pu		on-indexed
The officer or direction is aware that for s.817.155, F.S.	etor signing this document (and who is listed in number also information submitted in a document to the Departs	r 11 above) affirms the ment of State constitu	iat the facts stated ites a third degree	i herein are true e felony as provi	and that he or ded for in
13. John Fisher	, CEO  /Typed or printed name and canacity of page	on cianina application			

#### STATE OF NEW YORK

18886118813

### 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:** 

TRANSUBRO INCORPORATED

DOS ID Number:

4204372

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

02/17/2012

Statement Status:

Document Type:

Date of Filing:

CURRENT

Statement Due Date:

02/29/2024

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assification tha fallanting is	a list of documents on file in the Department of State for said entity:	٠. 
certify that the following is	a list of toethness on the fit the Department of State for said entry.	<del>.</del>
		2
Document Type:	CERTIFICATE OF INCORPORATION	<u>.</u> D
Date of Filing:	02/17/2012	ယ
Entity Name:	TRANSUBRO INCORPORATED	သ <b>က</b>
Document Type:	BIENNIAL STATEMENT	
Date of Filing:	09/30/2021	
Document Type:	CERTIFICATE OF CHANGE BY ENTITY	
Date of Filing:	01/21/2022	

BIENNIAL STATEMENT

02/25/2022

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Page: 3 of 5

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No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on July 21, 2022 at 05:36 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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