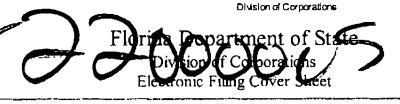
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From:

Account Name: DIVERSIFIED CORPORATE SERVICES INT'L, INC.

Account Number: I20090000024 Phone: (518)229-8228 Fax Number: (302)371-9850

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, \*\*

Email Address: <u>Jerry a diversified corp. corr</u>

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# FOREIGN PROFIT/NONPROFIT CORPORATION M&E CONCIERGE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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(((H22000278383 3)))

## 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.

MAY 03, 2 (Date of in	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	(Date o	(FEI number, if applicable)  RPETUAL  f duration, if other than perpetual)
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	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	ss in Florida, if prior	
^ <del></del>	TRUS PLACE, WELLINGTON	7.1502, F.S., to deter	mine penalty liability)
		office street address	
	SAME		T
	(Current ma	iling address, if diffe	erent)
. Name and street add	lress of Florida registered agent: (	P.O. Box NOT ac	ceptable)
Name:	EDGARDO BACALAN		
office Address:	791 CITRUS PLACE	<del></del>	
	WELLINGTON	, Florida _	33414
<u></u>	(City)	, ,	(Zip code)
lesignated in this application application in the complex company to the complex complex to the complex comple	registered agent and to accept se lication, I hereby accept the appoi	intment as register is relative to the pr	or the above stated corporation at the place ed agent and agree to act in this capacity, coper and complete performance of my du cred agent
	/s/ EDGARDO E	BACALAN	

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			(((H2200027	8383 3)))			
Chairman	Name: EDGARDO BACALAN	Chairman	Name:				
□Vice Chairman	Address: 791 CITRUS PLACE	□Vice Chairman	Address:	<u>.</u>			
<b>X</b> Director	WELLINGTON, FL 33414	□Director					
President		President					
□Vice President		☐Vice President					
Secretary	☐ Treasurer	Secretary	•	☐Treasurer			
Other	Other	□Other		□Other			
L)Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		President		•			
□Vice President		□Vice President	<del></del>	Çeş :			
Secretary	Treasurer	☐ Secretary		□Treasurer —			
Other	Other	□ Other		□Other □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
				· <u>·</u>			
Chairman	Name:	Chairman	Name:	, .			
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director	<del></del>				
☐ President		□ President					
☐Vice President		□Vice Prezident					
☐ Secretary	☐ Treasurer	Secretary		☐ Treasurer			
□Other	DOther	□ Other	<del></del>	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. /s/ EDGARDO BACALAN							
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	13. (Typed or printed name and capacity of person signing application)						
(1 Mart of hitterst transc mer cabacter or between afterness whiteseren)							

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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:** 

M&E CONCIERGE INC

DOS ID Number:

5335127

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

05/03/2018

Statement Status:

**CURRENT** 

Statement Due Date:

05/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

05/03/2018

Entity Name:

M&E CONCIERGE INC

Document Type:

**BIENNIAL STATEMENT** 

Date of Filing:

08/01/2022

Effective Date:

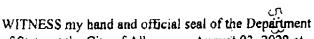
05/01/2022

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### Above space is left blank intentionally.

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



of State, at the City of Albany, on August 03, 2022 at 09:08 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

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By Brendan C. Hughes Executive Deputy Secretary of State

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