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(((H22000308905 3)))



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From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number (800)906-9880

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FOREIGN PROFIT/NONPROFIT CORPORATION CELERITY NYC INC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

(((H220003089053)))

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 c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATI	on,"		
,, -	Try, and co, or couping				
(If name unavail	able in Florida, enter alternate corporate name	and and for the nurnoss of teneses	ting business in Ploside)		
NEW VODE		81-5278871	ang business in Florida)		
(State or countr	y under the law of which it is incorporated)	(FFI number if	(FEI number, if applicable)		
02/08/2017			••		
(Date	of incorporation)	. (Date of duration, if other	er than perpetual)		
	(Date first transacted business	in Florida, if prior to registration)	11:X		
488 NF 18TH ST	(SEE SECTIONS 607.1501 & 607.1 REET # 1803, MIAMI, FL 33132	1502, F.S., to determine penalty hat	outty)		
		fice street address)			
	(t intospar or	rice <u>street</u> address/			
	(Current mail	ng address, if different)			
	V -2	3 ,			
Name and street	et address of Florida registered agent; (P.	O. Box <u>NOT</u> acceptable)	E		
Name:	THOMAS G. KENTOURIS		022		
	488 NE 18TH STREET # 1803		022 SEP		
Office Address:	MIAMI	33132	·		
	(City)	, Florida 33132 (Zip code)			
		(Lip void)	7, 4		
	ent's acceptance: led as registered agent und to accept serv	rian of process for the above sta	tad normanation at the nie		
	application, I hereby accept the appoint				
	omply with the provisions of all statutes		lete performance of my		
ia i am jamiliar	with and accept the obligations of my p	osition as registerea agent.			
	Thomas G. Ke (Registered agent's	ntouris			
_					

^{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:	□ Chairman	Name:				
□Vice Chairman	Address: 488 NE 18TH STREET # 1803	□Vice Chairman	Address:				
Director	MIAMI, FL 33132	□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		□Trcasurer			
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			
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. Thomas G. Kentouris							
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.

THOMAS G. KENTOURIS

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: CELERITY NYC INC

DOS ID Number: 5082133

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/08/2017

Statement Status: CURRENT

Statement Due Date: 02/28/2023

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: 02/08/2017

Entity Name: CELERITY NYC INC

Document Type: CERTIFICATE OF CHANGE

Date of Filing: 02/09/2017

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 08/12/2022

 Effective Date:
 02/01/2021

Above space is left blank intentionally.

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 September 07, 2022 at 03:33 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes
Executive Deputy Secretary of State

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