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S. FRANKLIN

S. FRANKLIN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: J+D Proper+	nust include suffix
Name of corporation -	must include surify
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	o the following:
TERMIN FOLCO Name of P	Ω
14) Propertie	es, Incorporated
	-3
958 Cambridge	Koad
River Vale A	· ·
	a-l'as not
E-mail address: (to be used fo	
For further information concerning this matter, please ca	ll:
Name of Person at (20) 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 (\$70.00 Filing Fee \$ \$78.75 Filing Fee & DY Certificate of Status	F STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	_
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
Tared + Derek Properties Tac. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.	_
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	a)
2. New York 3. 13 - 799081 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. July 18, 1985 5. (Date of incorporation) (Date of duration, if other than perpetual)	
6.	·
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 558 Cambridge Road River Vale, NJ (Principal office street address)	-07615
(Current mailing address, if different)	_
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	7922
	2022 007
Office Address: 1540 Glessing Doi 10	9,
orne Address	P
Name: <u>Tararparating Services</u> , Ltd. Office Address: <u>1540 Glenway Drive</u> Taliahassee, Florida 32301 (City) (Zip code)	કે: ઇંફ
9. Registered agent's acceptance:	a,
Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application. I hereby accept the appointment as registered agent and agree to act in this cafurther agree to comply with the provisions of all statutes relative to the proper and complete performance of	pacity. I
and I am familiar with and accept the obligations of my position as registered agent.	-
Amanda Brownbauts	
(Registered agent's signature)	
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this appl he Department of State, by the Secretary of State or other official having custody of corporate records in the ju-	ication to risdiction

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

A. DIRECTORS □ Chairman □ Chairman Address: ____ □Vice Chairman Address: ☐ Vice Chairman □ Director □ Director □President ☐Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary Other ____ □Other _____ ☐Other _____ □Other _____ ☐ Chairman □ Chairman □Vice Chairman Address: 45 < □Vice Chairman Address: Director □ Director □ President ☐ President ☐ Vice President ₩ice President □Treasurer □ Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ Name: ☐ Chairman Name: □ Chairman □Vice Chairman Address: ______ □Vice Chairman Address: ____ Director □Director □ President □ President ____ ☐ Vice President □ Vice President □Treasurer □ Secretary □ 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 unthe index when filing your Florida Department of State Annual Report form. 12. 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.

(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:

J & D PROPERTIES INC.

DOS ID Number:

1278119

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/19/1988

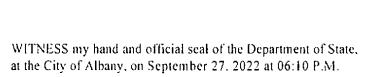
Statement Status:

CURRENT

Statement Due Date:

07/31/2022

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



ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State



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August 23, 2022

IFRAIN FALCON 858 CAMBRIDGE ROAD RIVER VALE, NJ 07675 US

SUBJECT: J&D PROPERTIES INCORPORATED

Ref. Number: W22000108796

We have received your document for J&D PROPERTIES INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 222A00018799

RECEIVED