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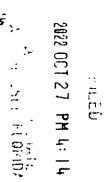
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

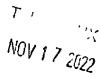
Office Use Only



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COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: 1100 LEGGETT AV	EINC		
	Name of corporation - m	ust include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Cerabove referenced foreign corporat	rtificate of Good Standing	;" and check are submi	
Please return all correspondence of	oncerning this matter to f	he following:	
ALAN GOLDMAN			
	Name of Pers	on	_
ALAN GOLDMAN ESQ.			
	Firm/Compan	. · ·	
1225 FRANKLIN AVE. SUTTE 515			
	Address		
GARDEN CITY, NY 11530			
-	. City/State and Z	ip code	
a/411 @ 4141190	10 171411. CG11		
t:-∕mail	address: (to be used for fi	iture annual report not	ification)
For further information concerning			
	,		
ALAN GOLDMAN	at (516)	354-0257	
Name of Person	at (<u>516</u>) <u>-</u> Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	RIDA DEPARTMENT OF 75 Filing Fee & \(\bigcap \) \$73		■ \$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.

K untry under the law of which it is incorpora		(applicable)
	ated) (FEI mumber, if	(applicable)
Date of incorporation)	5. (Date of duration, if oth	er than perpetual)
		bility)
	·	•
	ipal office <u>street</u> address)	
. NEW YORK 10001		4
(Curren	nt mailing address, (f different)	202
<u>treet address</u> of Florida registered agen	it: (P.O. Box <u>NOT</u> acceptable)	2022 OCT 27 PH 4: 14
ALAN GOLDMAN		-
4 WINDSOR PLACE		
PALM BEACH GARDENS	Florida 33418	7 PH 4: 14 Jace of Dailes
(City)	(Zip code)	₹. +
	(SEE SECTIONS 607.1501 & VENUE (Princ C. NEW YORK 10001 (Curren Street address of Florida registered ager ALAN GOLDMAN 8: 4 WINDSOR PLACE PALM BEACH GARDENS	(Principal office street address) C. NEW YORK 10001 (Current mailing address, if different) street address of Florida registered agent: (P.O. Box NOT acceptable) E. ALAN GOLDMAN S: 4 WINDSOR PLACE PALM BEACH GARDENS , Florida 33418 (City) (Zip code)

under the law of which it is incorporated.

□Chairman	Name: SAMUEL SUTTON	□Chairman	Name: HAROLD SUTTON
□Vice Chanman	Address: 310 FIFTH AVENUE	□ Vice Chairman	Address; 310 FIFTH AVENUE
⊕ Director	NEW YORK, NY 10001	■ Director	NEW YORK, NY 10001
■ President		□President	
□Vice President		₩ Vice President	
□ Secretary	□Treasurer	□ Secretary	☐Treasurer
□Other	Other	□Other	□Other
□Chairman	Name: ELI SUTTON	T.Charman	Name:
□Vice Chairman	Address: 310 FIFTH AVENUE	☐Vice Chairman	Address:
□Director	NEW YORK, NY 1001	□Director	
□President		□President	
□Vice President	-we-	□Vice President	
Secretary	Treasurer	□ Secretary	Treasurer
□Other		□.Other	☐Öther
⊡Chairman	Name:	□Chairman	Name:
TiVice Chairman	Address:	^r lVice Chairman	Address:
□Director		□Director	
□ President		□ President	
∏Vice President	****	□Vice President	
□ Secretary	∃Treasurer	□ Secretary	☐ Treasurer
□Other		□Other	

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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1, 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: 1100 LEGGETT AVE INC.

DOS ID Number: 2591304

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/08/2001

Statement Status: CURRENT Statement Due Date: 01/31/2023

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 October 25, 2022 at 08:15 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Brandon C. Hughan

Executive Deputy Secretary of State

Authentication Number: 100002389760 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov