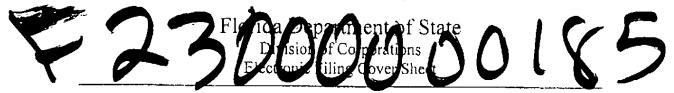
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Division of Corporations



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(((H23000004713 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

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

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

| Email | Address: | |
|-------|----------|--|
| | | |

FOREIGN PROFIT/NONPROFIT CORPORATION L & S QUALITY SERVICE CORP.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu Corporate Filing Menu

4 :

(((H23000004713 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.

| (Enter name of | Corporation; must include "INCORPORATED." Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | |
|--|---|--|-------------------|
| L & S QUALI | TY SERVICE FL CORP. | | |
| (If name unavai | lable in Florida, enter alternate corporate name ac | dopted for the purpose of transacting busine | ss in Florida) |
| NEW YORK | 1 | | |
| (State or count | lry under the law of which it is incorporated) | (FEI number, if applicable) | |
| 07/19/2002 | | | |
| (Dat | e of incorporation) | (Date of duration, if other than perp | etual) |
| | | , , | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | Florida, if prior to registration) 2, F.S., to determine penalty liability) | |
| 4447 APPLETO | N CIR E, OAKLAND PARK, FL 33309 | | |
| | | street address) | |
| 1192 GRAVES | END NECK RD, BROOKLYN, NY 11229 | | |
| | (Current mailing | address, if different) | |
| | | | |
| Name and stre | et address of Florida registered agent: (P.O. | Box NOT acceptable) | |
| Name: | MARIYA LYUBEZNIK | | - |
| | 4447 APPLETON CIR E | | |
| ffice Address: | THE TOTAL CITY OF THE PARTY OF | | |
| | OAKLAND PARK | , Florida <u>33309</u> | |
| | (City) | (Zip code) | |
| aving been nan signated in this rther agree to c | ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme comply with the provisions of all statutes rel r with and accept the obligations of my post | nt as registered agent and agree to act ative to the proper and complete perfor | in this capacity. |
| | /S/ MARIYA LYUBEZNIK | | |
| - | (Registered agent's sign | natura) | |

^{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; MARIYA LYUBEZNIK | □Chairman | Name: |
| □ Vice Chairman | Address: | □Vicc Chairman | |
| Director | OAKLAND PARK, FL 33309 | Director | - |
| President | | □President | |
| □Vice President | | □Vice President | |
| ☐Scoretary | ☐ Treasure: | □ Secretary | □ Tieasurer |
| Other | Other | □Other | Other |
| □ Chairman | Name: | □Chairman | Name: |
| □Vice Chairman | Address: | □ Vice Chairman | Address: |
| Director | | □Director | |
| □President | | □ President | |
| □Vice President | | □Vice President | |
| ☐Sccretary | □Treasurer | ☐ Secretary | ☐ Treasure: |
| ☐Other | Other | □Other | Other |
| | | | — — |
| □ Chairman | Name: | □Chairman | Name: |
| □Vice Chairman | Address: | □ Vice Chairman | Address: |
| ☐Director | | □Director | |
| □Prosident | | □ President | |
| □ Vice President | | □ Vice President | |
| □ Secretary | □ Treasurer | ☐ Secretary | Troasurer |
| □Other | □ Other | □Other | Other |
| individuals may be | Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departme A LYUBEZNIK | ent of State Annual Re | eport form. |
| | Signature of Director of | or Officer | |
| she is aware that fall s.817.155, F.S. | tor signing this document (and who is listed in numbe lse information submitted in a document to the Depart YUBEZNIK, PRESIDENT | er 11 above) affirms th timent of State constitu | hat the facts stated herein are true and that he outes a third degree felony as provided for in |

(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:

L & S QUALITY SERVICE CORP.

DOS ID Number:

2791505

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/19/2002

Statement Status:

CURRENT

Statement Due Date:

07/31/2024

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:

07/19/2002

Entity Name:

L & S QUALITY SERVICE CORP.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

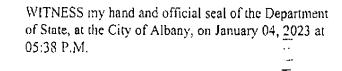
01/04/2023

Effective Date:

07/01/2022

Above space is left blank intentionally.

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 Co Heylan

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002740117 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov