F23000000979

(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:
323 863(18)

Office Use Only



500400907505

01/25/23--01099--005 **70.00

S. FRANKLIN FEB 1 6 2023



COVER LETTER

TO:	Registration Section Division of Corporations				
SURI	ECT: GIFFEN SOLUTIONS, INC				
3010		of corporation -	must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to the components of the component	e of Good Stand	ing" and check are sub-		
Please	return all correspondence concern	ing this matter t	o the following:		
STEPI	IEN L. ZIMMERMAN				
	<u> </u>	Name of P	érson	- T-1-1-1	
STEPI	HEN L. ZIMMERMAN, P.A.			Z,	
	,, , , , , , , , , , , , , , , , , , ,	Firm/Comp	any	· ·	
737 E.	ATLANTIC BLVD.				
	**************************************	Addres	s		
POMP	ANO BEACH, FL 33060			1 .	
		City/State an	d Zip code		
STEV.	E@ZZMLAW.COM			g.	
	E-mail addres	s: (to be used fo	r future annual report n	otification)	
For fu	rther information concerning this r	natter, please ca	II:		
STEPHEN L. ZIMMERMAN 954			941-5432		
	Name of Person	Area Code	Daytime Teleph	none 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		
Please	sed is a check for the following ammake check payable to: FLORIDA D 0.00 Filing Fee \$78.75 Filin Certificate	DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

GIFFEN SOLU	TIONS, INC.			
(Enter name of o	orporation: must include "INCORPOF orp," "Inc." "Co." or "Corp.")	RATED," "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corpora	ite name adopted for the purpose of transacting busin		
2. DELAWARE		3. 37-1666367 d) (FEI number, it applicable)		
(State or country under the law of which it is incorporate in the state of the stat		ted) (FEI number, if applicable)		
FEBRUARY 29	2, 2012			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)		
6.				
	(SEE SECTIONS 607.1501	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)		
7. 90 WASHINGTO	ON VALLEY ROAD, BEDMINSTER	, NJ 07921		
		cipal office street address)		
			·=3	
	(Curre	nt mailing address, if different)		
			·	
8. Name and stree	et address of Florida registered age	nt: (P.O. Box <u>NOT</u> acceptable)	 	
Name:	STEPHEN L. ZIMMERMAN			
Office Address:	737 E. ATLANTIC BLVD.			
	POMPANO BEACH	. Florida 33060	`.	
	(City)	(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the a comply with the provisions of all store with and accept the obligations of the control of t	ept service of process for the above stated corporation pointment as registered agent and agree to act atutes relative to the proper and complete perform my position as registered agent.	ct in this capacity. I	
	// · · · -	•		
10. Attached is a	certificate of existence duly auther	nticated, not more than 90 days prior to delivery	of this application to	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS								
Chairman Name:		□ Chairman	Name: Annette Nusbaum					
□Vice Chairman	Address: 4 Saddle Hill Road	□Vice Chairman	4 Saddle Hill Road					
■ Director	Far Hills, New Jersey 07931	Director	Far Hills, New Jers					
□President		□President						
□ Vice President		□ Vice President						
☐ Secretary	☐Treasurer	■ Secretary	п	reasurer				
□Other	Other	□Other		Other				
□Chairman □Vice Chairman ■Director	Dr. Michael Rothkopf Namc: 163 E. Main Street, Unit 158 Address: Little Falls, New Jersey 07424	□Chairman □Vice Chairman □Director	Address:					
■ President		□President						
□Vice President		☐ Vice President		<u> </u>				
Secretary	Treasurer	□ Secretary	п	reasurer				
□Other	Other	□ Other		Other				
□Chairman	Name: Kerry Cannella	□Chairman	Name:	7.				
□Vice Chairman	Address:	□Vice Chairman						
Director	Sunny Isles Beach, Fla 33160	Director						
□President		□President						
□ Vice President		□Vice President		,				
□Secretary	☼ Treasurer	□ Secretary	□т	reasurer				
□Other	Other	Other		ther				
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. 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 fa s.817.155, F.S.	lse information submitted in a document to the D	epartment of State constitut	tes a third degree felon	y as provided for in				
,, Dr. Michael I	Rothkopf (Director)							

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GIFFEN SOLUTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIFFEN SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE-BEEN PAID TO DATE.

Authentication: 205069263

Date: 12-12-22

5116765 8300 SR# 20224239568

You may verify this certificate online at corp.delaware.gov/authver.shtml



February 8, 2023

STEPHEN L ZIMMERMAN 737 E ATLANTIC BLVD POMPANO BCH, FL 33060 US

SUBJECT: GIFFEN SOLUTIONS, INC.

Ref. Number: W23000017119

We have received your document for GIFFEN SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,500.00.

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.

.T/3.

· · · · ·

Sharon D Franklin Regulatory Specialist II

Letter Number: 723A00003059

