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Account#: 120000000088

Date:	03/14/2023		
Name:	Merritt Walker		
Reference #:	1910678		
		TI CE HOLDINGS, INC.	
[✓] Articles	s of Incorporation/Author	orization to Transact Business	
☐ Amend	iment		
☐ Chang	e of Agent		
Reinst	atement		
☐ Conve	rsion		
☐ Merge	r		
☐ Dissolu	ution/Withdrawal		
Fictitio	us Name		
Other_			
Authorized Ar	mount: <b>\$7</b> 0	)	
Signature:	mi	v	

F: 800.944.6607

#### **COVER LETTER**

то:	Registration Section Division of Corporations			
SURI	ECT:	Cont	i CE Holdings, Inc.	
1,70,150		Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			7-3 2-3
"Certi		ertificate of Good St	or Authorization to Transact Bus anding" and check are submitted ness in Florida.	
Please	return all correspondence	concerning this matt	er to the following:	•
		Theresa	Meyler	••
-	***	Name o	of Person	
		The Con	ti Group	
		Firm/Co	ompany	
		11486 Corporate Bo	oulevard, Suite 190	
		Add	lress	
		Orlando, I	FL 32817	
		City/State	and Zip code	
		tmeyler@thec	ontigroup.com	
	E-mai	l address: (to be used	I for future annual report notific	ation)
For fu	rther information concernit	ng this matter, pleaso	call:	
	Theresa Meyler	at (732	) 484-2817	(
	Name of Person	Area Co	ode Daytime Telephone l	Number
	STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n ations
Please	<del>-</del>	_		\$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.

		Conti CE Holdin	gs, Inc.	
(Enter name of corp "Inc.," "Co.," "Corp	oration; must include "INC," "Inc," "Co," or "Corp.")	CORPORATED," "	COMPANY," "CORPORATION,"	
(If name unavailable	e in Florida, enter alternate	corporate name add	opted for the purpose of transacting business in F	lorida)
	Delaware	3	83-3817600	
(State or country u	nder the law of which it is	incorporated)	(FEI number, if applicable)	
	02/13/2019	5	perpetual	100
(Date of	incorporation)	5	(Date of duration, if other than perpetual)	
		03/13/202	3	
			lorida, if prior to registration) , F.S., to determine penalty liability)	<u></u>
11486 Corporate Boulevard, Ste 190 Orlando, FL 32817				; <u>;</u>
<u>-</u>		(Principal office	street address)	
	11486 Corporati	e Boulevard. Ste 1	90 Orlando, FL 32817	l
	•	,	• • •	
	· ·		ddress, if different)	
Name and street a	ddress of Florida registe Cogency Glo	(Current mailing a	ddress, if different)	
Name: _	ddress of Florida registe	(Current mailing a red agent: (P.O. E	ddress, if different)	
Name: _	ddress of Florida registe Cogency Gk	(Current mailing a red agent: (P.O. E obal Inc. Street, Suite 4	ddress, if different)	
Name: _	ddress of Florida registe Cogency Glo 115 North Calhoun	(Current mailing a red agent: (P.O. E obal Inc. Street, Suite 4	ddress, if different)  Box NOT acceptable)	
Name: _ ffice Address: _  Registered agent aving been named is ignated in this aporther agree to com	ddress of Florida registe Cogency Glo 115 North Calhoun Tallahassee (City) 's acceptance: as registered agent and plication, I hereby accepty with the provisions of the and accept the obligation.	(Current mailing a red agent: (P.O. E obal Inc.) Street, Suite 4 , Florida  to accept service of the appointment of all statutes relations of my positions.	address, if different)  Box NOT acceptable)  Florida  (Zip code)  of process for the above stated corporation at as registered agent and agree to act in this tive to the proper and complete performancion as registered agent.	s capacity
Name: _ Tice Address: _  Registered agent aving been named is signated in this aporther agree to com	ddress of Florida registe Cogency Glo 115 North Calhoun Tallahassee (City) 's acceptance: as registered agent and plication, I hereby accepty with the provisions of the and accept the obligation.	(Current mailing a red agent: (P.O. E obal Inc.) Street, Suite 4 , Florida  to accept service opt the appointment of all statutes relained.	address, if different)  Box NOT acceptable)  Florida  (Zip code)  of process for the above stated corporation at as registered agent and agree to act in this tive to the proper and complete performancion as registered agent.	s capacity

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 Kurt G.Conti Cheryl J. Lowe Name: Chairman Name: □ Chairman 940 Cape Marco 11 Spruce Mill Lane Address: \_\_\_ □Vice Chairman Address: \_\_\_\_ □Vice Chairman Veracruz 1404 Scotch Plains, NJ 07076 ■ Director Director Marco Island, FL 34145 President ☐ President □Vice President ☐ Vice President ☐Treasurer\_\_ ☐ Secretary ■ Treasurer Secretary □Other \_\_\_\_\_ Other □Other Other \_\_\_\_ Marc J. Hesse □ Chairman Name: ☐ Chairman 35 Sunset Ave. □Vice Chairman Address: □Vice Chairman Address: Long Branch, NJ 07740 □ Director □ Director □President ☐ President □Vice President \_\_\_\_\_ □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer Asst. Secretary Other\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Chairman □ Chairman Name: \_\_\_\_\_ Address: □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Director ☐ Director □President □President □ Vice President \_\_\_\_ □Vice President Treasurer ☐ Secretary ☐Secretary ☐ Treasurer □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. 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.\$17.155, F.S. Kurt G. Conti President, Director

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONTI CE HOLDINGS, 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 FOURTEENTH DAY OF MARCH, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTI CE HOLDINGS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 202908259

Date: 03-14-23

7281112 8300

SR# 20230978685