

5/2/23, 2:16 PM

Division of Corporations

F23000002591

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000164391 3)))



H230001643913ABCI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INTERSTATE FILINGS LLC
Account Number : 120110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

RECEIVED
2023 MAY -2 PM 3:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
YOUR PERSONAL BROKER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$70.00

2023 MAY -2 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CP

Electronic Filing Menu Corporate Filing Menu Help

((1123000164391 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.

1. YOUR PERSONAL BROKER, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 03/30/2006

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. YOUR PERSONAL BROKER, INC.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2420 HAWKCREST DRIVE EAST SAINT JOHNS, FL 32259

(Principal office address)

2420 HAWKCREST DRIVE EAST SAINT JOHNS, FL 32259

(Current mailing address)

8. ANY LAWFUL PURPOSE.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: MARK LEVIN

Office Address: 2420 HAWKCREST DRIVE EAST

SAINT JOHNS

(City)

Florida 32259

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. 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.

((1123000164391 3))

FILED
2023 MAY -2 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL

((H23000164391 3))

12. Names and business addresses of officers and or directors:

A. DIRECTORS

Chairman: MARK LEVIN

Address: 2420 HAWKCREST DRIVE EAST SAINT JOHNS, FL 32259

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARK LEVIN

Address: 2420 HAWKCREST DRIVE EAST SAINT JOHNS, FL 32259

Vice President: _____

Address: _____

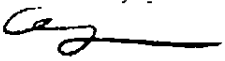
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. MARK LEVIN
(Typed or printed name and capacity of person signing application)

((H23000164391 3))

((H23000164391 3))

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: YOUR PERSONAL BROKER, INC.
DOS ID Number: 3341775
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 03/30/2006
Statement Status: CURRENT
Statement Due Date: 03/31/2024

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: 03/30/2006
Entity Name: YBP, INC.

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 07/11/2006
Name Changed To: YOUR PERSONAL BROKER, INC.

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 02/08/2007

((H23000164391 3))

(((1123000164391 3)))

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 04/04/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/02/2023
Effective Date: 03/01/2022

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 May 02, 2023 at
02:11 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100003420190 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

(((1123000164391 3)))