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S. FRANKLIN



COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT: Nicoletti & Harris				
SOBIACI.	Name of corporation -	must include suffix		
Dear Sir or Madam;				
The enclosed "Application by I "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good Standi	ng" and check are submit		
Please return all correspondence	e concerning this matter to	o the following:		
Richard Hisen				
	Name of Po	erson		
Nicoletti & Harris, Inc.			20.	
	Firm/Comp	any	23 番 ()	
101 Avenue of the Americas, 9th	Floor		N .	
	Addres	S	5 0	
New York, NY 10013			C	
	City/State and	l Zip code	PH 6: 02	
tharris@nichar.com			02	
E-m	ail address: (to be used for	luture annual report notil	fication)	
For further information concern	ning this matter, please cal	1:		
Richard Eisen	at (212) 267-6448 Ext. 402 Daytime Telephon		
Name of Person	Area Code	Daytime Telephon	e 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		
-	ORIDA DEPARTMENT C 78.75 Filing Fee & □ :		\$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.

men ev, e	orp." "Inc." "Co." or "Corp.")				
(If name mayarl	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	siness in Flo	rida)	
2. New York	3.				
2. State or country under the law of which it is incorporated) (FEI number, if applica			ble)		
4. 7/5/1995	5				
Date 6.	of incorporation 12/1/22	(Date of duration, if other than p	oerpetual)	_	
_ 1801 NE 123rd S	(Date first transacted business in Flo (SEE SECTIONS 607-1501 & 607,1502, treet, Ste 314, North Miami, Fla. 33481	orida, if prior to registration) F.S., to determine penalty liability)	1	003 HAY	. ••• - 1 . • • • •
/	(Principal office s	treet address)	<u> </u>	0	
1801 NE 123rd S	Street, Ste 314, North Miami, Fla. 33181			말	(7
	(Current mailing ac	ldress, if different)	بران المانية المانية	N 6: 02	į.,
8. Name and street	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	, ,	10	
Name:	Richard Eisen	_			
Office Address:	4801 NE 123rd Street, Ste 314				
	North Miami, Fl	Florida <u>33181</u>			
	(City)	(Zip code)			

9. 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)

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	7		124:
∐Charman	Name: RICHARD EISEN	□Chairman	Name JAMES NICOletti
□Vice Chairman	Address: 1801 NE 123Rd STREET #314	□Vice Chammon	Address 101 AVEST AMERICAS
□Director	WORTH MIGMI, FL 33181	Director	New YORK, NY 10013
∃President		L'President	
Vice President		□ Vice President	
] Secretary	☐ Freasurer	□Secretary	Treasurer
∐Other	□Other	□Other	Other
]Chauman	Name.	□Chairman	Name
JVice Chairman	Address:	[] Vice Chairman	Address:
]Director		Director	
]President		□President	
Vice President		□ Vice President	
]Secretary	□Treasurer	☐ Secretary	El Treasurer
]Other	Other	Other	DOther
]Chairman	Name.	□Chairman	Name.
]Vice Chairman	Address:	□ Vice Chairman	Address:
]Director		□Director	
]President		□President	
Vice President		☐ Vice President	
1Secretary	☐Treasurer	☐ Secretary	[]Treasurer
Other	EiOther	□Other	DOther
adividuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	nt of State Annual R	eport form
	The sive facility		

s 817 155, F.S.

Richard Eisen, CEO

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: NICOLETTI & HARRIS, INC.

DOS ID Number: 1936362

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 07/05/1995

Statement Status: CURRENT Statement Due Date: 07/31/2023

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 February 15, 2023 at 03:34 P.M.

Brandon Cr Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002982952 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov



April 8, 2023

RICHARD EISEN 101 AVENUE OF THE AMERICAS 9TH FLOOR NEW YORK, NY 10013 US

SUBJECT: NICOLETTI & HARRIS, INC.

Ref. Number: W23000048280

We have received your document for NICOLETTI & HARRIS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Sharon D Franklin Regulatory Specialist II



Letter Number: 323A00007975