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.

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H230001836623ABC+

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 : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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

Email Address: ksaunders@gunster.com

FOREIGN PROFIT/NONPROFIT CORPORATION Northern-Collins Corporation

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 05

 Estimated Charge
 \$70.00

2023 MAY 22 AM 10: 04

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COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: Northern-Col	lins Corporation				
	Name of corporat	ion - mus	t include suffix		
Dear Sir or Madam:					
The enclosed "Application "Certificate of Existence," above referenced foreign co	or "Certificate of Good S	tanding"	and check are sub		
Please return all correspond	ence concerning this ma	tter to the	following:		
Kelly N. Saunders					
	Name	of Persor		· · · · · · · · · · · · · · · · · · ·	
Gunster, Yoakley & Stewart,	P.A.				
	Firm/C	ompany			
777 South Flagler Drive, Suit	c 500 East				
	Ad	ldress			
West Palm Beach, FL 33401					
	City/Stat	e and Zip	code		
kmannheimer@bps-partners.c					
I	E-mail address: (to be use	d for fut	re annual report n	otification)	
For further information con	cerning this matter, pleas	e call:			
Kelly N. Saunders	561 at () 80-	_) 804-4358 Daytime Telephone Number		
Name of Person	Агеа С	ode	Daytime Telepl	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		
Enclosed is a check for the Please make check payable to: \$70.00 Filing Fee		□ \$78.	FATE 75 Filing Fee & Ified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H23000183662 3

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.

Northern-Collin	s Corporation	
	orporation; must include "INCORPORATES orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
Delaware		3. (FEI number if applicable)
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)
09/12/1944		5
(Date	of incorporation)	(Date of duration, if other than perpetual)
6. May 17, 2023		
	(SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7 11000 Prosperity	Farms Road, Suite 204, Palm Beach Garden	is, Florida 33410
· ·		ffice street address)
11000 Prosperity	Farms Road, Suite 204, Palm Beach Garden	ns, Płorida 33410
	(Current mai	ling address, if different)
8. Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)
Name:	Kyle Mannheimer	
Office Address:	11000 Prosperity Farms Road, Suite 204	
	Palm Beach Gardens	, Florida 33410 (Zip code) 722 Price of process for the above stated corporation at the place
	(City)	(Zip code)
9. Registered age	ent's acceptance:	AND FIL
		vice of process for the above stated corporation at the place
further agree to c	application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	stment as registered agent and agree to act in this appacity. It is relative to the proper and complete performance themy duti position as registered agent.
	kyle Mani (Registered agent's	alueimer
	(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.

Saunders, Kelly 561-671-2554

(04/06) 05/22/2023 06:50:20 AM H230001836623

A. DIRECTORS

Signature of Director or Officer							
individuals may be added to the index when filing your Florida Department of State Annual Report form. 12							
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed							
□ Other	□ Other	Other		Other			
☐ Secretary	☐ Treasurer	☐ Secretary		☐Treasurer			
□Vice President		□Vice President					
□President		□President					
□Director		□Director					
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Сһаітпап	Name:	□Chairman	Name:				
Other	Other	□Other		Other			
Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Vice President		□Vice President					
□President	Palm Beach Gardens, FL 33410	☐ President		····			
□Director	Suite 204	□Director					
■Vice Chairman	Address: 11000 Prosperity Farms Road	□Vice Chairman					
□ Chairman	Name: Kyle Mannheimer	□Chairman	Name:				
□Other	Other	□Other		Other			
Secretary	□Treasurer	□Secretary		□Treasurer			
□Vice President		□Vice President					
President	Palm Beach Gardens, FL 33410	□President					
□Director	Suite 204	□Director		_			
□Vice Chairman	Address: Farms Road	□Vice Chairman	Address:				
□Chairman	Name: Robert Mannheimer	□ Chairman	Name:				

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.817.155, F.S.

, Robert Mannheimer, President

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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: NORTHERN-COLLINS CORPORATION

DOS ID Number: 55372

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/12/1944

Statement Status: CURRENT

Statement Due Date: 09/30/2024

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: 09/12/1944

Entity Name: NORTHERN-COLLINS CORPORATION

Document Type: CERTIFICATE OF MERGER

Date of Filing: 12/16/1996

Document Type: BIENNIAL STATEMENT

Date of Filing: 10/26/2016 H23000183662 3

Effective Date: 09/01/2016

Page 1 of 2

Document Type:

CERTIFICATE OF AMENDMENT

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Date of Filing:

01/06/2020

Document Type:

BIENNIAL STATEMENT

Date of Filing:

01/17/2023

Effective Date:

09/01/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WTTNESS my hand and official seal of the Department of State, at the City of Albany, on April 06, 2023 at 10:28 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

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