

F23000023736931  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H23000237369 3)))



H230002373693ABC2

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 : RASI  
Account Number : 120220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

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

Email Address: \_\_\_\_\_

RECEIVED

2023 JUL -6 PM 2:46

CORPORATIONS  
COMMERCIAL  
SERVICES

FOREIGN PROFIT/NONPROFIT CORPORATION  
MARGARITA'S WAREHOUSE, INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$70.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL -6 PM 2:15

APPROVED  
AND  
FILED

JUL 07 2023  
K. Brumby

## 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.

MARGARITA'S WAREHOUSE, INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. NEW JERSEY 3. 86-3652507  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4-21-2021 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 07/01/2023  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1201 E. LINDEN AVENUE LINDEN, NJ 07036  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: CLARITZA FELIZ

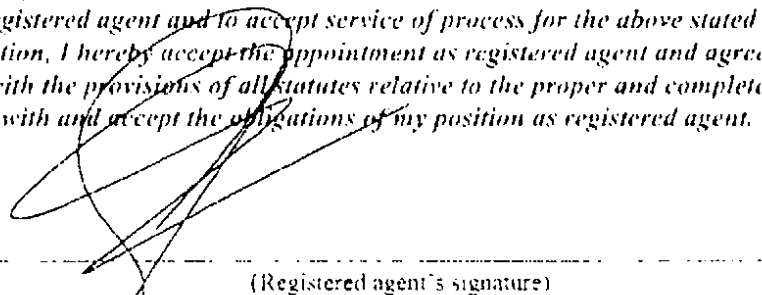
Office Address: 12991 NW 1ST STREET, UNIT 112

PEMBROKE PINES, Florida 33028  
(City) (Zip code)

APPROVED  
AND  
FILED  
2023 JUL -6 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: DAVID SALMI

Address: 109 WALNUT AVE, APT 202, CRANFORD, NJ, 07016

Vice Chairman: PETER SALMI

Address: 109 WALNUT AVE, APT 311, CRANFORD, NJ, 07016

Director

Address

Director

Address

**B. OFFICERS**

President: DAVID SALMI

Address: 109 WALNUT AVE, APT 202, CRANFORD, NJ, 07016

Vice President: PETER SALMI

Address: 109 WALNUT AVE, APT 311, CRANFORD, NJ, 07016

Secretary

Address

Treasurer

Address

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

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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 171.55, F.S.

13. PETER SALMI-VP

(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

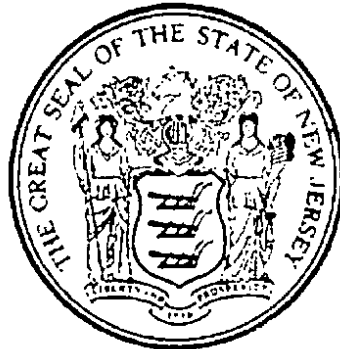
**MARGARITA'S WAREHOUSE, INC.  
0450638690**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 21, 2021.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

PETER SALM  
1201 E. LINDEN AVENUE  
LINDEN, NJ 07036



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
6th day of July, 2023*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6144568536

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)