F23000003931

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)))

H23000237369 3ABC2

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 : I20220000023
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
FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
COMMERCIAL RECORDING 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

Electronic Filing Menu Corporate Filing Menu Help

JUL 07 2023
K. Brumbley

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. MARGARITA'S WAREHOUSE, 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 JERSEY
(State or country under the law of which it is incorporated)

3. 86-3652507
(FEI number, if applicable)

4. 4-21-2021
(Date of incorporation)

5. Perpetual
(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 (City), Florida 33028 (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 SALM

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

Vice Chairman: PETER SALM

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

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAVID SALM

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

Vice President: PETER SALM

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. _____ VPres.

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 817 155, F.S.

13. PETER SALM-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 : 61445685336

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp