# Florida Department of State Division of Conjorations Pleatrong Floring Over Sheet

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To:

Division of Corporations

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From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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## FOREIGN PROFIT/NONPROFIT CORPORATION CLARIDGE SEARCH AND CONSULTING INC.

Certificate of Status	0
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Page Count	03
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1023 JUL -6 PH 3: 51
SECRETARY OF STATE
TALLAHASSEE. FL

Profile FD

2023 JUL - 6 PH 4: 4
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALL AMASSEE. FLORIDA

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### 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.	CLARIDGE SEARCH	AN.	D CONSULTING INC.	
(Enter name of	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"	
(If name unava	liable in Florida, enter alternate corporate na	ıme e	adopted for the purpose of transacting business in Florida)	
	אוסטע עניפוג			
(State or coun	try under the law of which it is incorporated	_ J. [)	(FEI number, if applicable)	
	A A 10 A			
(Dar	te of incorporation)	٦,	(Date of duration, if other than perpetual)	
6.				
-	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in 97.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7.	1690 S. BAYSHORB LAN			
· · <u>- · · · · · · · · · · · · · · · · ·</u>	(Principal	offic	o street address)	
	1690 S. BAYSHORE LAN	E, Al	PT 2B MIAMI, FL 33133	
· · · · · · · · · · · · · · · · · · ·	(Current me	ailin	address, if different)	
<ol> <li>Name and <u>stre</u></li> <li>Name;</li> </ol>	eet address of Florida registered agent: ( SONIA PRAIS	(P.O	. Box NOT acceptable)	
Office Address:	1690 S. BAYSHORE LANE, APT	2B		
	MIAMI		Florida 33133	
	(City)		, Florida	
	gent's acceptance:		JUL A	
designated in thi further agree to t	s application, I hereby accept the appoi	i <i>ntm</i> es re	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. Iallve to the proper and complete performance of the duition as registered agent.	$I_{}^{v}$
_	/S/ Sonia	rf	rais	
	(Registered agent)	's sig	inature)	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total]:

Jul. 6, 2023 A. DIRECTORS		(12 x 0000 x 2) 1 (12 x 0)		
□ Chairman	Name:	SONIA PRAIS	☐ Chairman	Name:
□Vice Chairman	Address:	1690 S. BAYSHORE LANE,	□Vice Chairman	

□Chairman	Name:	☐ Chairman	Name:
□Vice Chairman	Address: 1690 S. BAYSHORB LANE,	□Vice Chairman	Address:
■Director	APT 2B	Director	
President	MIAMI, FL 33133	□ President	
■Vice President		□Vice President	
<b>■</b> Secretary	Treasurer	□ Secretary	☐ Treasurer
Other		□Other	Other
□Chairmen	Name:	□Chairmen	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
☐President		□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	Secretary	☐ Treasurer
Other	Other	□Other	
□ Chairman	Name:	□ Chairman	Name:
□ Vice Chalrman	Address;	□Vice Chairman	Address:
Director		□Director	
□President		□ President	
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
Other	Other	□ Other	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department	irlment of State Annual Rep	for reporting purposes only. Non-indexed port form.
12.		Sonia Prais	
	Signature of Direct	tor or Officer	
The officer or direct she is aware that for 6.817.155, F.S.	tor signing this document (and who is listed in nulse information submitted in a document to the De	imber 11 above) affirms that epartment of State constitut	at the facts stated herein are true and that he or es a third degree felony as provided for in
13	so	NIA PRAIS	

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

#### 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:

CLARIDGE SEARCH AND CONSULTING INC.

DOS ID Number:

2866085

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

02/05/2003

Statement Status:

CURRENT

Statement Due Date:

02/28/2025

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 July 06, 2023 at 04:08 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Highen

By Brendan C. Hughes
Executive Deputy Secretary of State

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