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COVER LETTER

TO:		ation Section on of Corporations			
SUBJ	FCT.	HOLLYWOOD MAINTENA	NCE INC.		
3013	1.01.	Name of	corporation	- must include suffix	
Dear S	Sir or Ma	dam:			
"Certif	ficate of	Application by Foreign Corp Existence," or "Certificate of ed foreign corporation to train	f Good Stand	ding" and check are submit	Business in Florida," ted to register the
Please	return a	l correspondence concerning	g this matter	to the following:	
HSA	N HAQ				
			Name of I	Person	
HOL	LYW00	D MAINTENANCE INC.			
			Firm/Com	pany	
134 ST	TUART A	VE			
-			Addre	SS	
VALL	EY STRE	AM, NY, 11580			
•			City/State ar	nd Zip code	
IINFO	@FASTF	ROFESSIONAL.COM			
		E-mail address:	(to be used for	or future annual report noti	fication)
For fur	rther info	rmation concerning this made	ter, please c	all:	
THSAN HAQ			646	ea Code Daytime Telephone Number	
	Name	of Person	Area Code	Daytime Telephor	ne Number
	Registr Division The Ce 2415 N	ET/COURIER ADDRESS: ation Section on of Corporations ontre of Tallahassee f. Monroe Street, Suite 810 assee, FL 32303		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	DRESS: ion orations
Please		heck for the following amou ck payable to: FLORIDA DEI g Fee	PARTMENT 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.

	able in Florida, enter alternate corporate name add		
2. NYS	y under the law of which it is incorporated)	20-2080217	1 .
12/20/2001	of incorporation)		
(Date	of incorporation)	(Date of duration, if other than po	rpetual)
5. <u></u>	(Date first transacted business in F		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
7 - 134 STUART A	W VILLEY CTREASE NV 11200	, , ,	
/·	(Principal office	street address)	
	VE. VALLEY STREAM , NY. 11580		202 3
	(Current mailing a	address, if different)	
P. Name and stars	u adduna af Flacida annistanad annan (D.O.)	David NIOT www.codefiles	S 5
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O. I IHSAN HAQ	Box <u>NOT</u> acceptable)	
Name:	IIISAN HAQ	_	PH 2:
Office Address:	10421 BRASILIA ST	<u> </u>	CA SCILL
	HOLLYWOOD	, Florida	i i i i i i i i i i i i i i i i i i i
	(City)	(Zip code)	
9. Registered ago	ont's accentance		
Having been nam	ed as registered agent and to accept service		
	application, I hereby accept the appointment omply with the provisions of all statutes rela		
			anmance ar mi aumin

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 JHSAN HAQ □ Chairman □Chairman Name: Name: 134 STUART AVE. VALLEY ST □ Vice Chairman Address: □ Vice Chairman Address: THSAN HAQ Director Director **IHSAN HAO** ■ President □ President □ Vice President _____ □Vice President □ Treasurer ☐ Secretary ☐ Secretary ☐ Treasurer Other _____ □Other _____ □Other _____ Other _____ □Chairman □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director □President □President □ Vice President □Vice President _____ □Treasurer □ Secretary □ Secretary ☐Treasurer □Other ______ □Other _____ Other Other □Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: ☐Vice Chairman Address: □ Director □ Director □President □President □Vice President _____ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary □Treasurer □ Other _____ □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. **IHSAN HAQ**

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:

HOLLYWOOD MAINTENANCE INC.

DOS 1D Number:

3143002

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

12/29/2004

Statement Status:

CURRENT

Statement Due Date:

12/31/2024

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:

12/29/2004

Entity Name:

HOLLYWOOD MAINTENANCE INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

12/16/2020

Effective Date:

12/01/2020

Document Type:

BIENNIAL STATEMENT

Date of Filing:

05/16/2023

Effective Date:

12/01/2022

Above space is left blank intentionally.

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 18, 2023 at 01:20 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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