8/22/23, 12:33 PM

Division of Corporations

Florida Department of State

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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION ICABS AND DOORS INC.

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Help

COVER LETTER

	Registration Division of	Section Corporations					
SUBJE	CT: ICAB	S AND DOORS INC	•				
201,012		Nam	e of corporation	- must include suffix			
Dear Sir	or Madam:						
"Certific	eate of Exist		te of Good Stan	Authorization to Transa ding" and check are sub ss in Florida.			
Please re	eturn all corr	respondence concer	ning this matter	to the following:			
Cheyenn	e Moseley						
-			Name of	Person			
Legalzoo	om.com, Inc.						
			Firm/Con	ipany			
101 N B	rand Blvd 11i	th Fl					
			Addr	285	* **		
Glendale	, CA 91203						
			City/State a	nd Zip code			
radamex	.velasquez@g	_					
		E-mail addre	ss: (to be used)	for future annual report i	notification)		
For furth	ner informati	ion concerning this	matter, please e	all:			
Cheyenne Moseley 800			773-0888	773-0888 Daytime Telephone Number			
	Name of Pe	rson	Area Cod	e Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Picase ma		for the following ar yable to: FLORIDA S78.75 Fil Certificate	DEPARTMENT ing Fee & T	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

Τo

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.

	orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaile	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	orida)	
New York	3	83-4210610		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
03/13/2019	5			
	of incorporation)	(Date of duration, if other than perpetual)		
		n Florida, if prior to registration) 502. F.S., to determine penalty hability)		
34 Linden Rd., V	alley Stream, NY 11580			
	(Principal of	lice <u>street</u> address)		
	(Current maili	ng address, if different)		
_				
. Name and <u>stree</u>	<u>et address</u> of Florida registered agent: (P.)	D. Box <u>NOT</u> acceptable)		
Name:	United States Corporation Agents, Inc.	· · · -		
ffice Address:	476 Riverside Ave.	co.	23	
omice Address.	Jacksonville	Florida 32202	,023 AUG 22	
	(City)	(Zip code)	S :	
Daristand ag	ent's acceptance:	교다.() 기계:	22	
		ice of process for the above stated corporation of	ut elke pl	
esignated in this	application. I hereby accept the appoint	ment as registered agent and agree to actinahis	s capaci	
	omply with the provisions of all statutes to with and accept the obligations of my pe	relative to the proper and complete performance	e of my G	
, , 		CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES		
_	(Registered agent's s			
	(Registered agent's s	CORPORATION AGENTS, INC.		

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							
□ Chairman	Nume: Radamex Velasquez	□Chainnan	Name:				
□Vice Chairman	34 Linden Rd Address:	∐Vice Chairman	Address:				
Director	Valley Stream, NY 11580	□ Director					
₩ President		C-President					
□Vice President		□Vice President	<u> </u>				
≘ Secretary	■ Treusurer	Secretary		☐ Treasurer			
Other	[]Other	□Other		□ Other			
□Chairman	Name:	□Chainnan	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	*****				
□President		□ President					
□Vice President		□ Vice President					
□ Secretary	Treasuror	□ Secretary		[]Treasurer			
Other	Other	□Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□ President		□President	<u> </u>				
1 IVice President	<u> </u>	□Vice President					
□ Secretary	☐Treasurer	☐Secretary]Treasurer			
COther	□Other	Other		☐Other			
Important Notice Use an attachment to report more than 50 (6). The attachment will be imaged for reporting purposes only. Non-indexed individues may be added to the index when filing your Fiorida Department of State Annual Report form. Signature of Director or Officer The officer at director similar this downwent and winds listed in number 11 above) of the state for a most beginning this downwent and winds the state of the state							

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. Radamex Velasquez, President

To:

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and costodian 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: ICABS AND DOORS INC.

DOS ID Number: 5512209

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING Date of Initial Filing with DOS: 03/13/2019

Statement Status: CURRENT Statement Due Date: 03/31/2025

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 August 22, 2023 at 01:34 P M

ROBERT J. RODRIGUEZ, Secretary of State

Brandon Co Heyles

By Brendan C. Hughes Executive Deputy Secretary of State

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