(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
WZ3-104794			

Office Use Only



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07/28/23--01025--012 ++70.00

AUG 28 2023 K. Brumbley



August 5, 2023

MANNY STONE 652 LEFFERTS AVE. BROOKLYN, NY 11203

SUBJECT: JONAH'S ENTERPRISES INC

Ref. Number: W23000106794

We have received your document for JONAH'S ENTERPRISES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY Regulatory Specialist II Supervisor Letter Number: 723A00017709

RECEIVED

AUG 2 1 2073

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.

(Enter name of a				
"Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"	
JONAH'S ENT.	ERPRISES INC			
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transac	ting business in Florida)	
NY		14-1962956	·	
	y under the law of which it is incorporated)	(FEI number, if	applicable)	
05/11/2006	5.	PERPETUAL	.,	
(Date of incorporation)		(Date of duration, if oth	(Date of duration, if other than perpetual)	
N/A				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty lial	pility)	
383 KINGSTON	AVE, BROOKLYN, NY 11213	• •	• •	
· 		ce street address)		
652 LEFFERTS	AVE. BROOKLYN, NY 11203	<u></u>		
		g address, if different)	<u> </u>	
	,	s and some in differently		
. Name and stree	et address of Florida registered agent: (P.O	D. Mom.		
	a address of Florida registered agent. (F.O.	. Box NOT acceptable)	- , 2 0	
Nama	Registered Agent Solutions, Inc.	. Box NOI acceptable)	2023 AI	
Name:	Registered Agent Solutions, Inc.	. Box NOI acceptable)	APP F 2023 AUG 2	
		. Box NOT acceptable)	APPRO AND FILE FILE FILE FILE FILE FILE FILE FILE	
	Registered Agent Solutions, Inc.	22208	- 120 - 536	
	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A	, Florida	- 120 - 536	
Office Address:	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A Tallahassee (City)	22208	APPROVED AND FILED FILED LICENSESSEE FILED	
Office Address: Office Address:	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A Tallahassee (City)	, Florida 32308 (Zip code)	NO VEO LEO PM 4: 09	
Office Address: Registered ago I aving been nam esignated in this	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	, Florida 32308 (Zip code) re of process for the above sta	ted corporation at the place	
Office Address: Registered ago I aving been nam Jesignated in this jurther agree to co	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	, Florida 32308 (Zip code) re of process for the above state and agent and agent to the proper and complative to the proper and comp	ted corporation at the place	
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Office Address: Registered ago laving been nam esignated in this urther agree to co	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	, Florida 32308 (Zip code) re of process for the above state and agent and agent to the proper and complative to the proper and comp	ted corporation at the place ree to act in this capacity	
office Address: Registered ago laving been namesignuted in this orther agree to co	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	, Florida 32308 (Zip code) re of process for the above state and agent and agent to the proper and complative to the proper and comp	ted corporation at the place ree to act in this capacity	
office Address: . Registered ago laving been nam esignated in this urther agree to co	Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	, Florida 32308 (Zip code) re of process for the above staent as registered agent and aplative to the proper and compition as registered agent.	ted corporation at the place	

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]:

A. DIRECTORS	4		
` □Chairman	Name: MANNY STONE	□Chairman	Name: JONAH SLAPOCHNIK
□Vice Chairman	Address: 478 ALBANY AVE, UNIT 30	□Vice Chairman	Address: 478 ALBANY AVE, UNIT 30
□Director	BROOKLYN, NY 11203	□Director	BROOKLYN, NY 11203
■ President		□President	
□Vice President		■ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Shlomit Slapochnik	□Chairman	Name: JOSHUA SLAPOCHNIK
□Vice Chairman	Address: 478 ALBANY AVE	□Vice Chairman	652 Lafferta Assess
□Director	Brooklyn, NY 11203	Director	Address:Brooklyn, NY, USA
□President		□President	
□Vice President		□ Vice President	
■ Secretary	□Treasurer	□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
individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart Signature of Directo	ment of State Annual Re	I for reporting purposes only. Non-indexed port form.

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 o 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.

MANNY STONE, PRESIDENT

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: JONAH'S ENTERPRISES INC.

DOS ID Number: 3360781

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/11/2006

Statement Status: CURRENT Statement Due Date: 05/31/2024

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 14, 2023 at 11:12 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100004124967 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov