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(((H23000402578 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 : (800)906-9220 Phone Fax Number : (800)906-9880

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# FOREIGN PROFIT/NONPROFIT CORPORATION PRO 100 BUSINESS NY CORP.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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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.

(Date	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, ST STE 207, ASTORIA, NY 11103	(Date of duration, if other th orida, if prior to registration) F.S., to determine penalty liability	an perpetual)		
(Date	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, ST STE 207, ASTORIA, NY 11103	(Date of duration, if other the orida, if prior to registration). F.S., to determine penalty liability	an perpetual)		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, ST STE 207, ASTORIA, NY 11103	(Date of duration, if other th orida, if prior to registration) F.S., to determine penalty liability	<del></del> .		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, ST STE 207, ASTORIA, NY 11103	(Date of duration, if other th orida, if prior to registration) F.S., to determine penalty liability	<del></del> .	·	
	(SEE SECTIONS 607.1501 & 607.1502, ST STE 207, ASTORIA, NY 11103	F.S., to determine penalty liability	)	<del></del>	
Name and street	address of Florida registered agent: (P.O. B REGISTERED AGENT SOLUTIONS, INC.	ddress, if different) ox NOT acceptable)		AON EZÜZ	
ffice Address:	2894 REMINGTON GREEN LN, STE A	- -	 	10V 27	
	TALLAHASSEE	Florida 32308	,	PH	
	(City)	_ , Florida		<u>≖</u> မှာ	, 160 1800
Registered ages	nt's acceptance:			5	
esignated in this a arther agree to co nd I am familiar i	nt's acceptance:  d as registered agent and to accept service of application, I hereby accept the appointment mply with the provisions of all statutes relat with and accept the obligations of my position AOMI OSTOPOWITZ - ASST SECRETARY ON BEHALF	t as registered agent and agree ive to the proper and complete on as registered agent.	to act in thi performanc	ut the pl	ńv.

<sup>10.</sup> 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.

Nov.22.2023 10:1e AM #8013 P 3

A. DIRECTORS							
□ Chairman	Name: FILIPE A. TOPEIN RODRIGUES	☐ Chairman	Name:				
□Vice Chairman	Address: 3275 STEINWAY ST	□Vice Chairman	Address:				
□Director	STE 207	□ Director					
■President	ASTORIA, NY 11103	□President					
□ Vice President		□Vice President		<del></del>			
☐ 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	<u> </u>	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			
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.  12. /s/ FILIPE A. TOPEIN RODRIGUES  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. FILIPE A. TOPEIN RODRIGUES

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#### 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: PRO 100 BUSINESS NY CORP.

**DOS ID Number:** 7173070

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/02/2023

Statement Status: CURRENT

Statement Due Date: 11/30/2025

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:** 11/02/2023

Entity Name: PRO 100 BUSINESS NY CORP.

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 November 22, 2023 at 11:21 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon Co Heylan

By Brendan C. Hughes
Executive Deputy Secretary of State

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