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### **COVER LETTER**

TO:	Registration Section Division of Corpo								
Stern Shoe Repair Company, Inc. SUBJECT:									
SUBJ	ECI:	Name of corpora	tion - mu	ıst include suffix					
		, <u> </u>							
Dear S	Sir or Madam:								
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good Sorporation to transact but	Standing	" and check are subn					
Please		dence concerning this ma h Allan Stern	itter to th	ne following:					
		Name	of Perso	on					
	Stern	Shoe Repair, Inc							
	3321	Firm/0 75th Ave., STE B	Company	,	· · ·				
	Lando	A over, MD 20785	ddress	,					
	joesm	City/Sta e@me.com	te and Z	ip code					
	·	E-mail address: (to be us	ed for fu	ture annual report no	otification)				
For fu		ncerning this matter, plea			,				
G	eraldine Lutter	301		583-0557					
	Name of Person	at ( Area (		Daytime Teleph	one Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Please		following amount: : FLORIDA DEPARTMI ] \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	\$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.

Stern Shoe Repair Company, Inc.

1.		(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."							
		rp," "Inc," "Co," or "Corp.")	COMPANT. CONFORMATION.						
		ble in Florida, enter alternate corporate name a	00000						
<ol> <li>4.</li> </ol>	February 11, 197	3. v under the law of which it is incorporated)							
6.	January 1, 2024	•	(Date of duration, if other than perpetual)						
	590 Via Esplanade	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15), Punta Gorda, FL 33950	Florida, if prior to registration) 02. F.S., to determine penalty liability)						
1.		(Principal offic TE B, Landover, MD 20785	ce <u>street</u> address)						
		(Current mailing	g address, if different)						
8.		t address of Florida registered agent: (P.O Joseph A Stern	. Box NOT acceptable)	11 AON 5282	٠.,٠				
0	Name: ffice Address:	590 Via Esplanade	<del></del>	11,	· .				
		Punta Gorda (City)	33950 , Florida (Zip code)	PH 12:	,				
		nt's acceptance:	, ,	0					
de fu	esignated in this arther agree to co	ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree to act elative to the proper and complete perfor	in this capaci	ity. I				
	,								
		(Registered agent's sig	gnature)						
1 ( th	0. Attached is a cone Department of	ertificate of existence duly authenticated. State, by the Secretary of State or other of	not more than 90 days prior to delivery o ficial having custody of corporate records	f this applicat s in the jurisd	ion to				

under the law of which it is incorporated.

#### A. DIRECTORS Name: Joseph A Stell □Chairman □Chairman Name: □ Vice Chairman Address: 3321 75th Ave, StE B □Vice Chairman Address: Landour , MD 20785 □ Director □Director Joesph A. Stern President □President Joseph A Stern □Vice President ■ Vice President ☐ Treasurer ■ Secretary Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: Name: □ Chairman □ Chairman ☐ Vice Chairman □ Vice Chairman Address: Address: □Director □ Director □President □President □Vice President \_\_ □ Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □ Chairman □ Chairman Name: Name: □Vice Chairman Address: □ Vice Chairman Address: □Director Director □President □President □ Vice President □ Vice President □ Treasurer □ Secretary ☐ Treasurer □ Secretary □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. Joseph A Stern

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT STERN SHOE REPAIR COMPANY, INC. (D00333807), INCORPORATED FEBRUARY 11, 1971, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 07, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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