F23000006871

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PLAYIN HOOKY FIS	OHING CHARTER, INC	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authoriz" "Certificate of Existence," or "Certificate of Good Standing" are above referenced foreign corporation to transact business in Flo	id check are submitted to register the	
Please return all correspondence concerning this matter to the fe	ollowing:	
Toseph Nenadich Name of Person		
Name of Person		
Firm/Company		
10910 Clarecton Aug	1 <i>U</i> l	
Address		
Hudson, Florida 2 City/State and Zip c	34667	
City/State and Zip c	u de	
etyloide and Ep control (o be used for future	e annual report notification)	
For further information concerning this matter, pleuse call:		
Tot larvier information concerning this matter, process carries		
Toscoh Nengdich at (631) 8 Name of Person Area Code	390999	
Name of Person Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations The Centre of Tallahassee Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassec, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STA	TE	
	Filing Fee & S87.50 Filing Fee, ed Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU			
(Enter name of c	AYIN HOOKY FISH corporation; must include "INCORPORATED," 'Corp." "Inc," "Co," or "Corp.")	ING CHARTER COMPANY," "CORPORATION,"	, INC.	
	able in Florida, enter alternate corporate name ad		·	
2. New	y or k. 3	(FFI number if ann	icable)	
4(Date	c of incorporation)	(Date of duration, if other than perpetual)		
6				
	(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 10	910 Clarecton Aven			
··	(Principal office	street address)	/	
	(Current mailing	address, if different)		
8. Name and stre	et address of Florida registered agent: (P.O.)	Box NOT acceptable)		
Name:	Joseph Nenadich	•	2023 HOV 21	
	10910 Clarecton Av		023 NOV 21 PN 6: C	=
Office Address:			2	#11 #11
	Hudson, (City)	Florida 34 (66)	PA F	ė
		(Lip code)	PN 6: 01	j
9. Registered ag Having been nam	ent's acceptance: ned as registered agent and to accept service	of process for the above stated of		c
designated in this	s application, I hereby accept the appointme comply with the provisions of all statutes rel	nt as registered agent and agree	to act in this capacity.	1
	r with and accept the obligations of my positi		perjormance by my au	1163,
	X Mes Man-			
***	(Registered agent's sign	nature)		
10 Attached is	Cortificate of existence duly authenticated po	ot more than 90 days prior to deli	very of this application	to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	_					
⊠ Chairman	Name: Joseph Nenadich	□ Chairman	Name:			
□Vice Chairman	Address: 10910 Claverton Ave	□Vice Chairman	Address:			
Director	Hudson, FL 34667	[]Director				
⊠ President		☐President				
□Vice President		□Vice President				
☐ Secretary	∏Treasurer	☐ Secretary		☐Treasurer		
ClOther	Other	□Other		Other		
Chairman	Name: Vicky Nenadich	Chairman	Name:			
□Vice Chairman	Address: 10910 Claverton Ave	□Vice Chainnan	Address:			
Director	Hudson FL 34667	☐ Director				
□President		☐ President				
□Vice President		□Vice President				
Secretary	(ATreasurer	□Sccretary		☐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		
Itnportant 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.						
(Typed or printed name and capacity of person signing application)						
	•					

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1. 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:

PLAYIN HOOKY FISHING CHARTER, INC.

DOS ID Number:

3972044

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/13/2010

Statement Status:

CURRENT

Statement Due Date:

07/31/2024

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 November 14, 2023 at 08:49 A.M.

ROBERT J. RODRIGUEZ. Secretary of State

Brandon C Higher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100004658937 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov