

2/14/24, 10:22 AM

Division of Corporations

**F24000001011**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FOREIGN PROFIT/NONPROFIT CORPORATION  
COLLINS CASH INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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February 15, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: COLLINS CASH INC.  
REF: W24000025994

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 607.1503 OR 617.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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

Andrea Andrews  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H24000061595  
Letter Number: 024A00003428

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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.

1. COLLINS CASH INC  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/26/2013 5. PERPETUAL  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 29515 NE 22ND AVE  
 (Principal office street address)

MIAMI FL 33180

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ABRAHAM COHEN

Office Address: 29515 NE 22ND AVE

MIAMI Florida 33180  
 (City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

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]:

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## A. DIRECTORS

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☐ Chairman Name: ABRAHAM COHEN  
☐ Vice Chairman Address: 20515 NE 22ND AVE  
 MIAMI, FL 33180  
☒ Director  
☒ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☒ Chairman Name: ABRAHAM COHEN  
☐ Vice Chairman Address: 20515 NE 22ND AVE  
 MIAMI, FL 33180  
☒ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

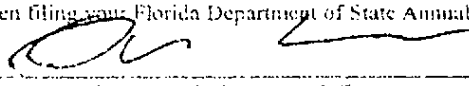
☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ 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.   
 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. ABRAHAM COHEN, PRESIDENT  
 (Typed or printed name and capacity of person signing application)

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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: COLLINS CASH INC.  
DOS ID Number: 4365421  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 02/26/2013  
Statement Status: CURRENT  
Statement Due Date: 02/28/2025

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: 02/26/2013  
Entity Name: COLLINS CASH INC.

Document Type: BIENNIAL STATEMENT  
Date of Filing: 12/09/2021

Document Type: BIENNIAL STATEMENT  
Date of Filing: 02/01/2023

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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 February 09, 2024 at  
11:13 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

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