# F24000001608

(Requestor's Name)	
(Address)	
V,	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
ON TALLAMASSEE, FLORIDA

RECEIVED

MAR 22 2024

K. Brumbley

## . Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>03/22/2024</u>	<del></del>	**WALK IN**
ENTITY NAME_EGR	INTERNATIONAL IN	<u> </u>
DOCUMENT NUMBE	R	
	**PLEASE FILE TI	HE ATTACHED AND RETURN**
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts Certified Copy of Arts Certificate of Status Certificate of Status K	& Amendments Complete File (Inclading Annaal Reports)  Peffecting:
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA	ATION	
NUMBER OF CERTIFIC	PATES REQUESTED	
TOTAL OWED \$70		ACCOUNT # 120140000108  United Corporate Services, Inc.  Anu issues or concerns. Thank was so much
Please call Tina at	the above number for i	any issues or concerns. Thank you so much!

### 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.

	able in Florida, enter alternate corporate name a F は) Vのりと			-
(State or countr	y under the law of which it is incorporated)			-
4. 2	2/70 5. of incorporation)	(Date of duration, if other than	nemetual\	-
, Z	1,122		perpetuary	
v	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)		-
7. 44 WA	U STREET, SUITE 901, MY, N	Y 10005		
		ce street address)		•
	(Current mailin	g address, if different)		
	(Curen mann)	g address, it different	OZH HAR	
8. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)		-:
Name:	United Corporate Services, Inc.		22	<del></del>
Office Address:	3458 Lakeshore Drive		PH 6:	<b></b>
	Tallahassee	, Florida 32312	: 10	
	(City)	, Florida	<del></del> -	
9. Registered age Having been nam	ed as registered agent and to accept service	e of process for the above stated cor ent as registered agent and agree to		

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.

(Registered agent's signature)

A. DIRECTORS							
Chairman	Name: TEFFREY G. GRUSAMORE	□ Chairman	Name: JEWNIFER SMITH				
□ Vice Chairman	Address: 44 WAU Si, STE 901	□ Vice Chairman	Address: 44 WALL ST, 57 & 901				
Director	NY, NY 10005	Director	NY NY 10005				
President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary	□Treasurer				
□Other		Nother COC	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				
□ Chairman	Name:	⊡Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	LiTreasurer	DSecretary	☐Treasurer				
□Other		□Other					
individuals thay be	ise an attachment to report more than six (6). The at added to the index when filing your Florida Departs	nent of State Annual Re	port form.				
f	Signature of Director	r 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

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: EGR INTERNATIONAL INC.

DOS ID Number: 288399

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/02/1970

Statement Status: CURRENT Statement Due Date: 02/28/2026

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 March 19, 2024 at 09:03 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005391360 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>