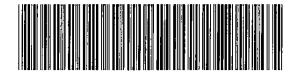
# 

(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:					





### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: COLORVAT INC		
	f corporation	- must include suffix
Dear Sir or Madam:		
	of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence concernir	ng this matter	to the following:
MONIKA CORNIER		
	Name of	Person
COLORVATING		
	Firm/Com	pany
5241 GROVE MILL LOOP		
	Addre	ess
BRADENTON, FLORIDA 34211		
	City/State a	nd Zip code
COLORVAT@GMAIL.COM		
E-mail address:	(to be used f	or future annual report notification)
For further information concerning this ma	atter, please c	all:
LISA MULSHINE, CPA	845	294-1040
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	3:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate o	PARTMENT 3 Fee & E	OF STATE  ] \$78.75 Filing Fee &

## 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.

A INC		ite name adopted for the purpose of transacting business in Flo	rida)
10 P	y under the law of which it is incorpor	3. 82-5474944 (FEI number, if applicable)	
5/08/2018	of incorporation)	5. (Date of duration, if other than perpetual)	
(Date JUNE 1, 2024	of incorporation)	(Date of duration, if other than perpetual)	
		asiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
5241 GROVE M	ILL LOOP, BRADENTON, FL 34211		
		cipal office street address)	
	(Curre	nt mailing address, if different)	
	et address of Florida registered age	-	
Name and stre Name:	et address of Florida registered age MONIKA CORNIER	-	24 H
	et address of Florida registered age MONIKA CORNIER 5241 GROVE MILL LOOP	nt: (P.O. Box <u>NOT</u> acceptable)	24 附行
Name:	et address of Florida registered age MONIKA CORNIER 5241 GROVE MILL LOOP	nt: (P.O. Box <u>NOT</u> acceptable)	24 附計 28
Name:	et address of Florida registered age MONIKA CORNIER 5241 GROVE MILL LOOP	nt: (P.O. Box <u>NOT</u> acceptable), Florida	24 HAY 28 PH
Name: fice Address:	MONIKA CORNIER  5241 GROVE MILL LOOP  BRADENTON  (City)	nt: (P.O. Box NOT acceptable) , Florida     34211   (Zip code)	24 HAY 28 PM 4:
Name: fice Address: Registered ag	et address of Florida registered ager MONIKA CORNIER  5241 GROVE MILL LOOP  BRADENTON  (City)  ent's acceptance:	nt: (P.O. Box NOT acceptable) , Florida     34211   (Zip code)	<u>-</u>

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.

A. DIRECTORS							
□Chairman	Name: MONIKA CORNIER	□ Chairman	Name:				
☐Vice Chairman	Address:	□Vice Chairman	Address: 5241 GROVE MILL LOOP				
Director	BRADENTON, FL 34211	□Director	BRADENTON, FL 34211				
President		□President					
□Vice President		■Vice President					
Secretary	□ Treasurer	[]   Secretary	□Treasurer				
Other	Other	Other	Other				
□ Chainnan	Name:	□ Chairman	Name:Address:				
	Address:	□ Director					
□ Director □ President		□ President					
		□Vice President					
☐ Secretary	☐ Treasurer	Secretary	☐ Treasurer				
Other	[.]Other	Other	□Other				
□Chairman	Name:	□ Chairman	Name:				
	Address:		Address:				
Director	Address.	Director	/toutesa:				
□President		President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary	Treasurer				
□Othet	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.  MONIKA CORNIER, PRESIDENT  Lev Lev							

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, BRENDAN C. HUGHES, Acting 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: COLORVAT INC

**DOS ID Number:** 5337605

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/08/2018

Statement Status: CURRENT Statement Due Date: 05/31/2026

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 May 15, 2024 at 03:13 P.M.

Brandon C. Heyles

BRENDAN C. HUGHES Acting Secretary of State

Authentication Number: 100005742710 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>