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K. Brumbley

COVER LETTER

	egistration Section ivision of Corporat	ions					
SUBJECT: L.J. GOLDSTEIN & COMPANY INCORPORATED Name of corporation - must include suffix							
"Certificat	te of Existence," or	y Foreign Corporation for "Certificate of Good State poration to transact busing properties."	nding"	and check are submit	Business in Florida." tted to register the		
Please reti	urn all corresponde	nce concerning this matte	er to the	following:			
DOTTIER	RANDAZZO						
		Name o	f Perso	1			
PROFESS	IONAL LEGAL AS	SISTORS, INC.					
		Firm/Co	mpany				
2628 BEL.	AIRE DRIVE						
	·	Ado	ress				
WILMING	TTON, DE 19808						
		City/State	and Zi	code			
dottie@biz	z-usa.com						
	E	-mail address: (to be used	for fu	ure annual report not	ification)		
For furthe	er information conc	erming this matter, pleaso	call:				
DOTTIE	RANDA ZZ O	at (³⁰²	94	99-9960 Daytime Telepho			
}	Name of Person	Area Co	nde	Daytime Telepho	ne 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 ma	is a check for the ke check payable to: 0 Filing Fee	following amount: FLORIDA DEPARTME \$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.

l.	IN & COMPANY INCORPORATED orporation; must include "INCORPORATED," "	COMPANY" "COURORATION"			
	orporation; must include INCORPORATED, forp," "Inc." "Co." or "Corp.")	COMPANT, CORPORATION.			
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting l	business in Florida)		
2. NEW YORK	3.				
03/03/2012		(FEI number, if applicable)			
4. (Date	5. e of incorporation)	(Date of duration, if other than perpetual)			
6					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)		
7. 1320 SUMMIT F	ROAD, BERKELEY, CA 94708				
	(Principal office	street address)			
109 COCONUT	KEY CT., PALM BEACH GARDENS, FL 33418	3			
	(Current mailing a	ddress, if different)			
	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	2624		
Name:	Takki (CA 220 Laky	_	· -		
Office Address:	109 COCONUT KEY CT.		co .		
	PALM BEACH GARDENS	Florida	: : ::		
	(City)	(Zip code)			
O. Dumintum I.					

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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 1320 SUMMIT ROAD	□Vice Chairman	Address:				
□Director	BERKELEY, CA 94708	□Director					
■President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Trea	asurer			
□Other	□Other	□Other	□Oth	er			
Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	***************************************	□Director					
□President		□President					
□Vice President		□ Vice President					
Secretary	□Treasurer	□Secretary	□Trea	asurer			
□Other	□Other	□Other	Oth	er			
□ Chairman	Name:	□ Chairman	Name:				
	Address.		Address.				
□ Director		Director					
□President		□President					
□Vice President		□Vice President					
Secretary	☐ Treasurer	☐ Secretary	□Trea	asurer			
Other	Other	Other	Oth	ег			
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 of Officer							
The effect of disperse similar this degree than take is listed in number 11 above) of time that the feats stated begin are true and that he could							

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. DANIEL GOLDSTEIN

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY, 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: L.J. GOLDSTEIN & COMPANY INCORPORATED

DOS ID Number: 4357410

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 02/07/2013

Statement Status: CURRENT Statement Due Date: 02/28/2025

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 June 64, 2024 at 09:57 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C Higha

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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