

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Stevenheldmg@comcast.net

FOREIGN PROFIT/NONPROFIT CORPORATION
PMG OCEAN REALTY CORP

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

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2024 JUL 18 AM 11:53

FLORIDA
DIVISION OF CORPORATIONS
FALLS CHURCH, VA

2024 JUL 19 PM 2:44

**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. PMG OCEAN REALTY CORP.
(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. NY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/22/1992 5. _____
(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. 10 Maclean Place Branford CT 06405
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System

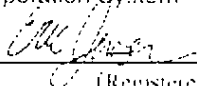
Office Address: 1200 South Pine Island Road

Plantation FL 33324
(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.

C T Corporation System

By:  Eric Jensen, Assistant Secretary

(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]:

A. DIRECTORS

☒ Chairman Name: Steven Held

☐ Vice Chairman Address: 10 Maclean Place

☐ Director Branford CT 06405

☒ President Steven Held

☐ Vice President Patrick O'Keefe

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: Patrick O'Keefe

☐ Vice Chairman Address: 10 Maclean Place

☐ Director Branford CT 06405

☐ 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

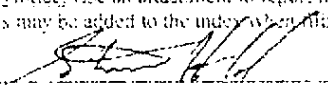
☐ President

☐ 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 by 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. Steven Held, President
(Typed or printed name and capacity of person signing application)

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:	PMG OCEAN REALTY CORP.
DOS ID Number:	1688887
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/22/1992
Statement Status:	PAST DUE DATE
Statement Due Date:	12/31/2014

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 July 15, 2024 at 02:40 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State