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Florida Department of State
Division of Corporations
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Email Address: kerry@bergercpa.com

FOREIGN PROFIT/NONPROFIT CORPORATION NYC SLOTS LTD

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

AUG 26 2024

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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.*

NYC SLOTS LTD

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

NYC SLOTS CO.

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

2. New York 3. _____
(State or county under the law of which it is incorporated) (FEI number, if applicable)

4. 12/29/2014 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. 3092 LONGLEAF RANCH CIRCLE
(Principal office street address)
MIDDLEBURG, FL 32068
(Current mailing address, if different)

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

Name: ANN MARIE QUARELLO

Office Address: 3092 LONGLEAF RANCH CIRCLE

MIDDLEBURG, Florida 32068
(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.

Ann Marie Quarello
(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

☐ Chairman Name: ANN MARIE QUARELLO
☐ Vice Chairman Address: 3092 LONGLEAF RANCH CIR
MIDDLEBURG, FL 32068
☐ 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

☐ 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. Ann Marie Quarello
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. ANN MARIE QUARELLO
(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, 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: NYC SLOTS LTD
DOS ID Number: 4685406
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/29/2014
Statement Status: CURRENT
Statement Due Date: 12/31/2024

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: 12/29/2014
Entity Name: NYC SLOTS LTD

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/16/2024

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 August 17, 2024 at
12:45 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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