F24000004882

(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:

Office Use Only

800435948058

09/05/24--01021--004 **70.00

2024 SEP -5 PM 4:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: [illegible]
Name of corporation - must include suffix

Dear Sir or Madam

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida

Please return all correspondence concerning this matter to the following

[illegible]
Name of Person

[illegible]
Firm Company

[illegible]
Address

[illegible]
City State and Zip code

[illegible]
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

[illegible] at ([illegible]) [illegible]
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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:
Please make check payable to FLORIDA DEPARTMENT OF STATE

- ☐ $70.00 Filing Fee
- $78.75 Filing Fee & Certificate of Status
- $78.75 Filing Fee & Certified 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

1. [illegible]

(Name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," [illegible])

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

2. [illegible] (State or country under the law of which it is incorporated)

3. 93-3144957 (FEI number, if applicable)

4. [illegible] (Date of incorporation)

5. (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. [illegible] NEW YORK, NY [illegible]
(Principal office street address)

(Current mailing address, if different)

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

Name: [illegible]

Office Address: [illegible] South Pine Island Road

Plantation, Florida 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.

(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. [illegible] list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

2024 SEP -5 PM 4:47

A. DIRECTORS

Chairman Name ISRAEL MAZIN
Vice Chairman Address 224 W 35TH ST [illegible]
Director NEW YORK NY [illegible]
President
Vice President
Secretary Treasurer
Other ☒ Other CEO

☐ 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 names listed may be added to the index when 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.

S[illegible]AEL MAZIN
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEMCYCO INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEMCYCO INC." WAS INCORPORATED ON THE TWELFTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7507777 8300

SR# 20243333786

Authentication: 204093853

Date: 08-06-24