

**F24000005114**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000326502 3)))



H240003265023ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4580

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

**Email Address:** \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
DANESCOR CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2024 SEP 30 PM 12:21

## 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. DANESCOR CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "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. \_\_\_\_\_ 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. SUNRISE HARBOR, APT 555, 1040 SEMINOLE DRIVE, FORT LAUDERDALE, FL 33304

(Principal office street address)

SUNRISE HARBOR, APT 555, 1040 SEMINOLE DRIVE, FORT LAUDERDALE, FL 33304

(Current mailing address, if different)

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

Name: JOHN SNEAD

Office Address: SUNRISE HARBOR, APT 555, 1040 SEMINOL

FORT LAUDERDALE, Florida 33304  
(City) (Zip code)

2024 SEP 30 PM 12:21

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.*

/s/John Snead  
(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: JOHN SNEAD

☐ Vice Chairman
Address: 450 SOUTH AVE, APT 289

☒ Director
GARWOOD, NJ 07027

☐ President

☐ Vice President

☐ Secretary
☐ Treasurer

☐ Other
☐ Other

☐ Chairman
Name: FAWZIA MIRZA

☐ Vice Chairman
Address: 450 SOUTH AVE, APT 289

☒ Director
GARWOOD, NJ 07027

☐ 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. /s/ JOHN SNEAD

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. JOHN SNEAD

(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:	DANESCOR CORPORATION
DOS ID Number:	6627035
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/28/2022
Statement Status:	CURRENT
Statement Due Date:	10/31/2024

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 September 24, 2024 at 12:10 P.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

Authentication Number: 100006634450 To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>