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Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION GEORGE BRAUN OYSTER CO., INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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. GEORGE BRAUN OYSTER CO., INC.
(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. NEW YORK 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/22, 1964 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. 30840 MAIN RD, CUTCHOQUE, NY 11935
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln, Ste. A

Tallahassee, Florida 32308
(City) (Zip code)

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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/ Naomi Ostopowitz, Assistant Secretary on behalf of Registered Agent Solutions, Inc.

(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: KENNETH HOMAN

Vice Chairman Address: 100 BLUE HORIZONS BLUFF

Director PECONIC NY 11958

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: JAMES CODY

Vice Chairman Address: 2780 DUCK POND RD

Director CUTCHOGUE, NY 11935

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 _____

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 TALLAHASSEE, FLORIDA

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/ KENNETH HOMAN

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 KENNETH HOMAN, 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: GEORGE BRAUN OYSTER CO., INC.
 DOS ID Number: 175802
 Entity Type: DOMESTIC BUSINESS CORPORATION
 Entity Status: EXISTING
 Date of Initial Filing with DOS: 04/22/1964
 Statement Status: CURRENT
 Statement Due Date: 04/30/2026

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 TALLAHASSEE, FLORIDA

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: 04/22/1964
 Entity Name: GEORGE BRAUN OYSTER CO., INC.

Document Type: BIENNIAL STATEMENT
 Date of Filing: 11/05/1992
 Effective Date: 04/01/1992

Document Type: BIENNIAL STATEMENT
 Date of Filing: 08/06/1993
 Effective Date: 04/01/1993

Document Type: BIENNIAL STATEMENT
 Date of Filing: 06/16/1998
 Effective Date: 04/01/1998

Document Type: BIENNIAL STATEMENT
 Date of Filing: 04/24/2002
 Effective Date: 04/01/2002

Document Type: BIENNIAL STATEMENT
 Date of Filing: 04/14/2004
 Effective Date: 04/01/2004

Document Type: BIENNIAL STATEMENT
 Date of Filing: 04/18/2006
 Effective Date: 04/01/2006

Document Type: BIENNIAL STATEMENT
 Date of Filing: 04/29/2008
 Effective Date: 04/01/2008

Document Type: BIENNIAL STATEMENT
 Date of Filing: 06/02/2010
 Effective Date: 04/01/2010

Document Type: BIENNIAL STATEMENT
 Date of Filing: 05/22/2012
 Effective Date: 04/01/2012

Document Type: BIENNIAL STATEMENT
 Date of Filing: 04/21/2014
 Effective Date: 04/01/2014

Document Type: BIENNIAL STATEMENT
 Date of Filing: 05/02/2022
 Effective Date: 04/01/2022

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Document Type: BIENNIAL STATEMENT
 Date of Filing: 04/01/2024

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 STATE OF NEW YORK
 FALL WALKER COUNTY

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 December 15, 2024 at 05:54 A.M.



WALTER T. MOSLEY
 Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
 Executive Deputy Secretary of State

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 Division of Corporation's Document Authentication Website at <http://ecorp.dqs.ny.gov>