F25000000 278

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States Ziph Hotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO: Registration Section Division of Corpor				
Ace Glass In SUBJECT:	c.			
SUBJECT.	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign c	or *Certificate of Good Sta	anding" and check are s		
Please return all correspon Issam Girgis	dence concerning this matt	er to the following:		
	Name o	f Person		
Ace Glass Inc.				
43-01 21st Street, Suite 120	Fim/Co	mpany		
	Add	ress		
Long Island City, NY 11101				
Jolene@aceglassnyc.com	City/State	and Zip code		
	E-mail address: (to be used	l for future annual repor	t notification)	
For further information con	ncerning this matter, please	call:		
Jolene Wagner	212	381-4602	381-4602	
Name of Person	at (at Co	ode Daytime Tele	ephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Division of P.O. Box 63	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the	following amount:			
□ \$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.

Ace Glass Inc.				
(Enter name of co	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	N."	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Flor	ida)
New York		2-5361031		
(State or countr		(FEI number, if applicable)		
4	of incorporation) 5		-	
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.	(Date first transacted business in F			
	(Principal	office address)		
	(Current mailing	address, if different)		
	et address of Florida registered agent; (P.O. Nicole Hope	Box NOT acceptable)	2024 S <u>10</u>	
Name:	780 NE 69 St, 1402		2024 DEC 26 SECTARIATIA	****
Office Address:			26 PI	
		, Florida	왕의 로	1.8
	(City)	(Zip code)	SESTATE OF STATE	ر.
9 Registered ag	ent's accentance:		- 4E - 68	

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. Names and business addresses of officers and/or directors: A. DIRECTORS Issam Girgis Chairman: 43-01 21st Street, Suite 120 Address: _ Long Island City, NY 11101 Vice Chairman: Address: _____ Address: **B. OFFICERS Issam Girgis** President: 43-01 21st Street, Suite 120 Address: Long Island City, NY 11101 Vice President: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Issam Girgis

(Typed or printed name and capacity of person signing application)

New York State Department of State

Division of Corporations, State Records and Uniform Commercial Code

COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

ACE GLASS INC

43-01 21ST STREET, SUITE 120 LONG ISLAND CITY NY 11101

<u>DATE:</u> 10/24/2024 TRANSACTION NUMBER: 202410280002232

ENTITY INFORMATION:

ENTITY NAME: ACE GLASS INC

DOS ID: 5331859 **DATE OF INITIAL DOS FILING:** 04/30/2018

REQUESTED SERVICES:
UNCERTIFIED COPY(\$5.00)

CERTIFIED COPY(\$10.00)

CERTIFICATE OF STATUS - SHORT FORM(\$25.00)

CERTIFICATE OF STATUS - LONG FORM(\$25.00)

EXPEDITED HANDLING

SUMBER REQUESTED:

\$0.00

\$0.00

\$25.00

\$0.00

TOTAL PAYMENTS RECEIVED:\$25.00CASH:\$0.00CHECK/MONEY ORDER:\$0.00CREDIT CARD:\$25.00DRAWDOWN ACCOUNT:\$0.00REFUND DUE:\$0.00

REQUESTED COPY FILE DATE FILE NUMBER

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:

ACE GLASS INC

DOS ID Number:

5331859

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

04/30/2018

Statement Status:

CURRENT

Statement Due Date:

04/30/2026

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 October 28, 2024 at 01:11 P.M.

Brandon C Hydra

WALTER T. MOSLEY Secretary of State

BRENDAN C. HUGHES

Executive Deputy Secretary of State

Authentication Number: 100006830789 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov