

# F96000006160

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: AFTER HOURS EMBROIDERY INC.  
(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", 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:

8000002012819--6

-11/22/96--01097--001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

LEONARD VIRONA

(Name of Person)

(Firm/Company)

209-10 41 Ave.

(Address)

APT. 3 F

BAYSIDE N.Y.

(City/State/Zip)

11361

Should you need to call someone concerning this matter, please call:

KAREN DILEO

(Name of Person)

at (516) 466-5669

(Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS  
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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:

1. AFTER HOURS EMBROIDERY INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK  
(State or country under the law of which it is incorporated)
3. 11-3334621  
(FBI number, if applicable)
4. 7/4/96  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER 1 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.153, F.S.))
7. C/O LEONARD VIRONA  
209-10 41 AVE APT. 3F BAYSIDE N.Y. 11361  
(Current mailing address)
8. WHOLESALE/RETAIL EMBROIDERY  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: ANNETTE VIRONA-DRUGAN  
Office Address: 13407 PINE NEEDLE LA.  
FONT MEYERS, Florida, 33908  
(Zip Code)

**10. 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.

ANETTE VIRONA-DRUGAN  
(Registered agent's signature)

11. 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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: LEONARD VIVONA

Address: 209-10 41 AVE. APT. 3 F  
BAYSIDE N.Y. 11361

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: LEONARD VIVONA

Address: 209-10 41 AVE. APT. 3 F  
BAYSIDE N.Y. 11361

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: LEONARD VIVONA

Address: 209-10 41 AVE. APT. 3 F  
BAYSIDE N.Y. 11361

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Leonard Vivona

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LEONARD VIVONA - PRES.

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

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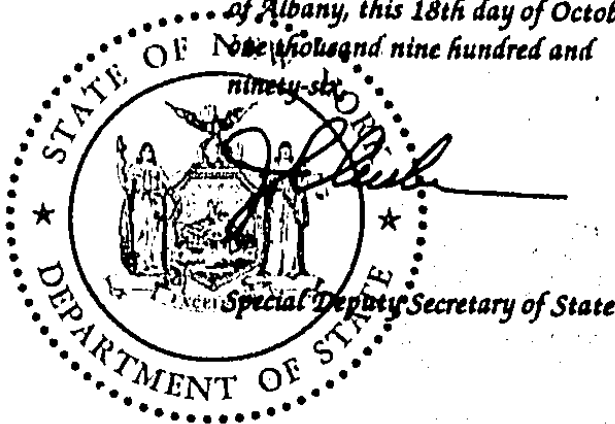
**State of New York** | **ss:**  
**Department of State**

I heroby certify, that the certificate of incorporation of AFTER HOURS EMBROIDERY, INC. was filed on 07/24/1996, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

I further certify, that no other certificates have been filed by such corporation.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 18th day of October  
of ~~the~~ <sup>the</sup> ~~year~~ <sup>year</sup> ~~one thousand nine hundred and~~  
~~ninety-six~~



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