# M21000016834

(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



500377211515

12/14/21--01002--007 \*\*78.75



OEC 13 2021 K. Brumbley

### COVER LETTER

TO:	<ul><li>Registration Section</li><li>Division of Corpora</li></ul>					
SHRI	ECT: DE	PAMTLY	TXX.			
13()()()	1.01	Name of corporation	- must include suffix			
Dear S	Sir or Madam:					
"Certi	ficate of Existence." o	y Foreign Corporation for r"Certificate of Good Star rporation to transact busine	iding" and check are subir	Business in Florida," nitted to register the		
Please	return all correspond	ence concerning this matte	r to the following:			
		DIANA RI Name of	VER A			
		DER FAM	ILY IUC			
		_	ess Evelt AV	E		
		FLUSHIU	GNY, 1135	4		
		CHEADS Lmail address: (to be used	and Zip code LNG A GMA for future a <del>mu</del> dal report no	TL.CCM otilication)		
For fu	orther information con	cerning this matter, please	call:			
	Name of Person	at (	)de Daytime Teleph	none Number		
	Name of reison	, iidii da				
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			
Please	sed is a check for the make check payable to 0.00 Filing Fee	following amount: FLORIDA DEPARTMEN  \$78.75 Filing Fee & Certificate of Status	T OF STATE  S78.75 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. DER FAMTLY TUC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") DER Family FL Inc.
mavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. NEW YORK
(State or country under the law of which it is incorporated)

4. June 16, 2017
(Date of incorporation)

5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DIAMA RiverA \_ Office Address: 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.

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.

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name: DiANA RiverA	□Chaiπnan	Name:				
□Vice Chairman	Address: 132-01 Roosevel Ave	□Vice Chairman	Address:				
□Director	Flushing N.Y. 11354	Director					
<b>X</b> President		□President					
∐Vice President		□Vice President	-				
☐ Secretary	□Treasurer	□Secretary		☐Treasurer			
□Other	□Other	Other		Other			
□Chairman	Name: Kenneth Cabrens	□Chairman	Name:				
∐Vice Chairman	Address: 78-75 8/st	□ Vice Chairman	Address:				
∐Director	Hendale NY. 11385	□Director					
□President		□President					
Wice President		□Vice President					
[.]Secretary	□Treasurer	☐ Secretary		□Treasurer			
[]Other	Other	□Other	<del></del>	Other			
□Chainnan	Name: ANA H. Cabrers	□ Chairman	Name:				
[]Vice Chairman	Address: 75-75 51 54	□ Vice Chairman	Address:				
	Colendale NY. 11385	□Director					
□President		□President					
[]Vice President		□Vice President					
**Secretary	☐Treasurer	Secretary		□Treasurer			
Other	□Other	□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 filting your Florida Department of State Annual Report form.  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 8,817,155, F.S.							

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, BRENDAN C. HUGHES, Acting 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:** 

DER FAMILY INC.

DOS ID Number:

5155728

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

06/16/2017

**Statement Status:** 

PAST DUE DATE

Statement Due Date:

06/30/2021

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:

06/16/2017

**Entity Name:** 

DER FAMILY INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

04/23/2021

Effective Date:

06/01/2019

Above space is left blank intentionally.

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 13, 2021 at 04:02 P.M.

BRENDAN C. HUGHES, Acting Secretary of State

Brandon C Hydro

Authentication Number: 100000766886 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>