

F00000003564

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: M. SLAVIN & SONS, LTD.
(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00506-00671

MJH

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:

T. ATANASTO *W-14571*
(Name of Person) 000003277030--7
M. SLAVIN & SONS, LTD. -06/05/00--01119--003
(Firm/Company) *****70.00 *****70.00
31 BELMONT AVENUE
(Address)
BROOKLYN, NEW YORK 11212
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 22 PM 1:07

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

T. ATANASTO at (718) 495-2800 EXT. 228
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 8, 2000

T. ATANASIO
M. SLAVIN & SONS, LTD.
31 BELMONT AVENUE
BROOKLYN, NY 11212

SUBJECT: M. SLAVIN & SONS, LTD.
Ref. Number: W00000014571

We have received your document for M. SLAVIN & SONS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 000A00032633

**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. M. SLAVIN & SONS, LTD., 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. 11-1710934
(FEI number, if applicable)
4. OCTOBER 1964
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 106 SOUTH STREET, NEW YORK, NEW YORK 10038
(Principal office address)
- b. 106 SOUTH STREET, NEW YORK, NEW YORK 10038
(Current mailing address)
8. DELIVERY OF SEAFOOD PRODUCTS TO CRUISE SHIPS IN THE PORT OF MIAMI
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: ARTHUR KANTROWITZ
Office Address: 7601B LEXINGTON CLUB BLVD.
DELRAY BEACH, Florida 33446
(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.


(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
90 JUN 22 PM 1:07

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: STANLEY SLAVIN

Address: 417 LINKS DRIVE

NORTH HILLS, NEW YORK 11576

Vice President: BARRY SLAVIN

Address: 22 PIN OAK DRIVE

BROOKLYN, NEW YORK 11576

Secretary: HERBERT SLAVIN

Address: 1416 BAY BLVD.

ATLANTIC BEACH, NEW YORK 11509

Treasurer: HERBERT SLAVIN

Address: 1416 BAY BLVD.

ATLANTIC BEACH, NEW YORK 11509

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

13. 

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

14. STANLEY SLAVIN, PRESIDENT

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

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

I hereby certify, that the Certificate of Incorporation of M. SLAVIN & SONS, LTD. was filed on 01/06/1964, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with 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.

The Biennial Statement is past due.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 16th day of May
two thousand.*

Special Deputy Secretary of State

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Director: _____

Address: _____

Director: _____

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Address: 22 PIN OAK DRIVE

ROSLYN, NEW YORK 11576

Secretary: HERBERT SLAVIN

Address: 1416 BAY BLVD.

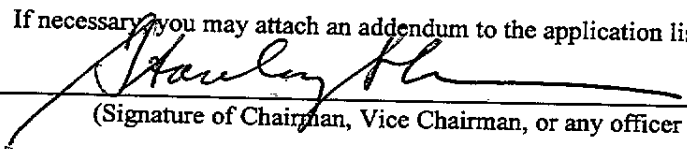
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Special Deputy Secretary of State