F000000003564

	Registration Section Division of Corpora					
SUBJEC	CT:	M. SLAVIN & SONS	LTD.			
		(Name of corpora	ation - must include	suffix)		,
Dear Sir	or Madam:	789-0050	(e-00(e-	1 1		MJH
"Certific	losed "Application be cate of Existence", a business in Florida.	by Foreign Corporation in the check are submitted to	For Authorization to so register the above	Transact E e referenced	Business in l d foreign co	Florida", rporation to
Please re	etum all corresponde	ence concerning this ma	tter to the following	ς:		, ,,
				l	W-14	511
		T. ATANASIO	e of Person)	-		
		(14411)	011013011)	oooo	0327	7030
		M. SLAVIN & SO			,0,00,00 **** 70.0	-01119003 0 *****70.0
		(Firm/	(Company)			
		31 BELMONT AVE	NUE			00 VVIII
(Address)						
BROOKLYN, NEW YORK 11212						2
						2 27
		(City)	State: Zip)			72 R. S.
Should	you n ee d to call som	neone concerning this ma	atter, please call:			STATE RATIONS 1: 07
m.	ATANASTO	at (71	8) 495–2800	EXT. 228	3	
	(Name of Person)		rea Code & Daytin			
	·					
STREE	T ADDRESS:		MAILING A	DDRESS:		
Registra	tion Section		Registration S	ection		
_	of Corporations	Division of Co	Division of Corporations			
409 E. Gaines St. P.O. Box 6327						
Tallahas	ssee, FL 32399	-	Tallahassee, F	L 32314		
Enclose	d is a check for the t	ollowing amount:				
√ ⊅ \$70.0	00 Filing Fee 🗇	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Certified Copy		J \$87.50 Fi Certifica Certified	te of Status &



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. SLAV	IN & SONS, LTD., IN	c.					
(Name of co	rporation; must include the	word "INCORPO	ORATED", "	СОМР	ANY", "CORPOR	RATION" or	
mores or aut	vesiamons of like import in	lanouage as will	clearly indic	rata tha	t it is a corporation	n instead of a	
natural perse	on or partnership if not so co	ntained in the na	ime at presen	ıt.)			
_							
2. <u>NEW YORK</u>	<u></u>		_ 3		1710934		
(State of cour	ntry under the law of which	it is incorporated	l)		(FEI number, i	if applicable)	
4OCTO	OBER 1964	5		מישכו	Demin		
(I	Date of incorporation)		(Duration:	Year	corp. will cease to	exist or "perpetu	
6. <u>upon ou</u> z	VI TETAMENT		•			exist of perpetu	ai)
(Date first train	NEATTON Research Distress in Florida	76					
(nsacted business in Florida. (SEE S	ECTIONS 607.1	as not transac	oted bu	siness in Florida, i	insert "upon qual	ification.")
=			1501, 007.150	oz anu	617.155, F.S.)		
/. a106	SOUTH STREET, NEW	YORK, NEW Y	ORK 10038	3			
		(Principal office	address)				
b. <u> </u>	SOUTH STREET, NEW	YORK, NEW Y	OBK 10038	ì			
		(Current mailing	address)		· · · · · · · · · · · · · · · · · · ·	:	
			•				
8. DEL	IVERY OF SEAFOOD PR	ODUCIS TO C	RUTSE SHT	'PS TN		• N4 T 7 N4 T	
(Purpos	e(s) of corporation authorize	ed in home state	or country to	ho com	THE FORE OF	MIAMI	 .
9. Name and <u>st</u>	reet address of Florida	registered agen	it: (P.O. Bo	x or N	fail Drop Box N	OT accentable	, 😑
Name:	ARTHUR KANTROWITZ				•		5 <u>√</u> 22 5
rvaine.	THEITION NAMED WILLS			3	1 .	Ş	
Office Address:	7601B LEXINGTON C	מניום פווד					5 ຊ≱ન
	TOOTD DIMINGION C	POP PHAN*				•	<u> </u>
	DELRAY BEACH		. Fi	orida	33446	3	
			 ,	_	(Zip code)		· RAA
10 Pagistanad	n49				. 1	<u> </u>	3 👳 🗂
10. Registered a	agent's acceptance:						Š
Having been name	ed as revistored agent and .	lo manaud	•	_	_		
in this application	ed as registered agent and t , I hereby accept the appoin rovisions of all statutes rela	o uccepi service Ument as reoiste	oj process fo red\aaant an	or the a	bove stated corpo	ration at the pla	ce designated
			r and comple	ete peri	e to uct in this cap formance of my di	vacity. I further	agree to
ana accept the obl	igations of my position as r	egistered agent.	/ i	, ,	-/ -/ -/ -/	anes, una 1 um j	imutur with
	1 hadde	'u Ki	(all 8	9111	, Χ		
	(R	egistered agent's	signatura)	WI	// 3		
			• ,				
11. Attached is a c	ertificate of existence duly a	authenticated, no	ot more than	90 days	prior to delivery	of this application	n to the
of which it is incorp		or other official l	having custoo	dy of co	orperate records in	the jurisdiction	under the law

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



X-X-X-

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

200005170178 * 13

F000000003564

To:	Registration S Division of C	Section orporations			
SUBJ	ECT:	M. SLAVIN & SC	NS. ITO		
	_	(Name of cor	poration - must include suff	ix)	
Dear S	Sir or Madam: (00789-005		•	MJH
COLU	nclosed "Applicate of Existen to business in Fl	ice, and check are submitte	on for Authorization to Tran ed to register the above refe	nsact Business in tenced foreign c	n Florida", corporation to
Please	return all corres	spondence concerning this	natter to the following:		
	<u></u>	T. ATANASIO		W-19	1571
		(Na	me of Person)		
		M. SLAVIN & S	جميعت CPV.S . T.PD	000327 -06/05/00	011190na
			m/Company)	************************************	<i>10 ***</i> **70.0
			2 •,		_
	31 BELMONT AVENUE				
			(Address)		
	BROOKLYN, NEW YORK 11212				
	(City/State/Zip)				2 27
Should	you need to call	someone concerning this r	natter, please call:		RATIONS 1:07
<u> </u>	ATANASIO	at (7	18) 495–2800 EXT.	220	
	(Name of Perso	on) (.	Area Code & Daytime Tele	phone Number)	
			•		
TREE	T ADDRESS:		MAILING ADDRES	SS:	
Legistrat	ion Section		Registration Section		
ivision	ivision of Corporations Division of Corporations				
Fellohorana EL 22200					
ananass	occ, rl 32399		Tallahassee, FL 3231	4	
nclosed	is a check for the	he following amount:			
\$70.00	Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Fil	ing Fee, e of Status &

Certified Copy



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Secretary of State

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(Name of co	rporation; must include the	word "INCORPORA	TED" "COMP	ANV" "COPPODAT	TONE?
WOLLD OF ADE	reviations of like import in	language as will cles	arly indicate the	t it is a corneration in	IUN" or
natural perso	on or partnership if not so co	ntained in the name	at present.)	- 10 15 a Corporation in	sicad of a
2. <u>NEW YORK</u>	7	•	_		
(State or cour	ntry under the law of which	it is incompand)	3. <u> </u>	1710934	····
		•		(FEI number, if ap	plicable)
4 <u>OCTY</u>	OBER 1964	5.	PER	PETTIAL.	
(1)	OBER 1964 Date of incorporation)		Duration: Year	corp. will cease to exis	st or "perpetual")
6. <u>UPON OU</u>				•	porpolaur)
(Date first tran	Sected business in Florida	IC			
(=v 1110t 1111	nsacted business in Florida.	II corporation has n	ot transacted bu	siness in Florida, inse	rt "upon qualification.")
		SECTIONS 607.1501		817.155, F.S.)	
7. a. <u> </u>	SOUTH STREET, NEW	YORK, NEW YORK	2 10020		
	/ =1,=1=	(Principal office add	ress)		
h 700			·		
0100	SOUTH STREET, NEW	YORK, NEW YORK	10038		
		(Current mailing add	iress)	·	· · · · · · · · · · · · · · · · · · ·
		•			
8DEL	IVERY OF SEAFOOD PR	CODUCTS TO CRUI	SE SHIPS IN	N THE PORT OF M	IAMI
(Purpos	e(s) of corporation authoriz	ed in home state or c	ountry to be car	ried out in state of Flo	orida)
0 Nome and set			•	man out at build of 1 ic	nida)
9. Name and <u>st</u>	reet address of Florida	registered agent:	(P.O. Box or N	Iail Drop Box <u>NOT</u>	_acceptable \(\square\)
Name:	ARTHUR KANTROWITZ				O \$ ₆
Tidlio.				÷ =	
Office Address:	7601B LEXINGTON C	IIII Drim		-	~ ♀ ~ ~
	TOOTD DEVINGTON C	ron arab.		•	
	DELRAY BEACH		مان الا	33446	
			, гюпоа_		STA
				(Zip code)	O ATE
10. Registered a	agent's acceptance:				7
Having been name	ed as registered agent and t , I hereby accept the appoi	to accept service of t	rocess for the a	thove stated normanis	on and all a - I a
in this application	, I hereby accept the appoint	ntment as registered	agent and agre	e to act in this canaci	on at the place designated
			d complete per	formance of my duties	s, and I am familiar with
ana accept the opt	igations of my position as i	registered agent.	1	-/	, janianiai man
	1 lastle	IN All	NATUR.	, λ	
		egistered agent's sig	17 /V W	// /	
		-	•	(/	
11. Attached is a c	ertificate of existence duly	authenticated, not m	ore than 90 days	s prior to delivery afe	hio analiantia.
•	-, -, -, mid boolom y of blate	or other official havi	ng custody of co	orporate records in the	his application to the jurisdiction under the law
of which it is incorp	porated.		_ , •		Janaarchon mider me law

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

State of New York State State

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Special Deputy Secretary of State

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