

**F15000003893**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECURITY OF STATE  
TALLAHASSEE, FLORIDA

SEP 03 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2015

EAST COAST FACILITIES, INC.  
P O BOX 91327  
ALLENTOWN, PA 18109

SUBJECT: EAST COAST FACILITIES, INC.  
Ref. Number: W15000055176

Upon receipt of your letter and/or check(s) totaling \$78.75, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 415A00017333

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EAST COAST FACILITIES, 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," or "Certificate of Good Standing" 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:

JOSHUA GAMEZ

Name of Person

EAST COAST FACILITIES, INC.

Firm/Company

1600 SW 78TH AVE - UNIT #126

Address

PLANTATION FLORIDA 33324

City/State and Zip code

JSG@THEJSGCOMPANIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA GAMEZ

Name of Person

at ( 732 )

Area Code

654 - 2639

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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.*

1. EAST COAST FACILITIES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 46-4468884

(FEI number, if applicable)

4. 1-8-2014

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1324 SHERMAN STREET, ALLENTOWN PA 18109

(Principal office address)

PO BOX 91327 ALLENTOWN PA 18109

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOSHUA GAMEZ

Office Address: 1600 SW 78TH AVE - UNIT 126

PLANTATION

(City)

, Florida 33324

(Zip code)

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TALLAHASSEE FLORIDA

9. 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)

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**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: VERONICA GAMEZ

Address: 32 N ELLSWORTH STREET ALLENTOWN PA 18109

Vice President: JOSHUA GAMEZ

Address: 1600 SW 78<sup>TH</sup> AVE - UNIT 126 PLANTATION FL 33324

Secretary: JOSHUA GAMEZ

Address: 1600 SW 78<sup>TH</sup> AVE - UNIT 126 PLANTATION FL 33324

Treasurer: JOSHUA GAMEZ

Address: 1600 SW 78<sup>TH</sup> AVE - UNIT 126 PLANTATION FL 33324

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

12. \_\_\_\_\_

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.

13. JOSHUA S GAMEZ

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

# Delaware

PAGE 1

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAST COAST FACILITIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2015.


15 SEP -2 AM 9:59  
SECRETARY OF STATE  
1111 ABBASSIDE LONDON



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2635762

DATE: 08-11-15