Page: 1 of 4

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003194673)))



H210003194673ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: ** ...

Emai	וו	Addrace.

FOREIGN PROFIT/NONPROFIT CORPORATION **DMF 1308 INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help



From: M. BURR KEIM CO.

To:

Fax: (850) 617-6383

(((H210003194673)))

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. DMF 1308 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) (State or country under the law of which it is incorporated)

AUGUST 9 2016 **NEW YORK** (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEF SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4 DENNIS MCHUGH CT., TAPPAN, NY 10983 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) GINA BRULATO Name: 1350 MAIN ST. Office Address: SARASOTA 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated carporation 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. Gina Brulato

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Page: 3 of 4

))

	(((H210003194673)
A. DIRECTORS	

To:

□ Chairman	Name: SUSAN CAMUS	∐Chairman	Name:			
▶ □Vice Chairman	4 DENNIS MCHUGH CT.	⊡Vice Chairman	Address:			
□Director	TAPPAN, NY 10983	Director				
₩ President		□ President				
□Vice President		□Vice President				
■ Secretary	(DTreasurer	LiSecretary	□ Treasurer			
Other		□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
∐Director		ElDirector				
□ President		President	4			
□Vice President		□Vice President				
□Sceretary	☐ Treasurcr	([] Secretary	☐ Treasurer			
Other	□Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chainnan	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□T re asurer	☐ Secretary	[]Treasurer			
[]Other	□Other	∐Other	□Other			
individuals may b	Use an attachment to report more than six (6). The at the added to the index when filing your Florida Departs	ment of State Annual F	Kepon form.			
	Signature of Directo					
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.						
SUSAN CAMUS. PRESIDENT (Typed or printed name and capacity of person signing application)						

To:

Page: 4 of 4

(((H210003194673)))

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, 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:

DMF 1308 INC.

DOS ID Number:

4990535

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

08/09/2016

Statement Status:

PAST DUE DATE

Statement Due Date:

08/31/2018

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 August 25, 2021 at 03:31 P.M.

Brandon C. Hughes

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100000279885 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at https://ecorp.dos.ny.gov