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SECRETARY OF STATE SECRETARY OF STATE OBJECT

# COVER LETTER

	_	tration Section on of Corpora					
SUBJE	CT:	American Dre	am Realty Servic	e Corp			
, O D O E			Name of	corporation	- must	include suffix	
Dear Sir	r or M	adam:					
"Certific	cate of	`Existence,'' o		Good Stan	ding" a	nd check are subm	Business in Florida," itted to register the
Please r	eturn a	all correspond	ence concerning	this matter	to the f	following:	
Jonathar	ı Geftn	nan					
				Name of	Person		
				Firm/Com	ipany		
7998 Ne	w Fall	s Road		_			
				Addro	288		
Levittow	vn, PA	19055					
			(	City/State a	nd Zip o	rode	
jgeftmar	ı@aol.						
		ľ	E-mail address: (	to be used f	or lutur	e annual report no	tification)
For furtl	her inf	ormation con	cerning this mat	ter, please e	all:		
Jonathar	n Geftn	nan	at	215	680-	-1169	
	Name	e of Person	<del>_</del>	Area Code	<u> </u>	Daytime Telepho	one Number
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				
	iake ch	eck payable to:	following amous FLORIDA DEP \$78.75 Filing Certificate of	ARTMENT	\$78.7.	ATE 5 Filing Fee & Ted Copy	\$87.50 Filing Fee. Certificate of Status of 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.

i	ream Realty Service Corp.					
	of corporation; must include "INCORPORATED "Corp," "Inc," "Co," or "Corp,")	)," "CC	MPANY," "CORPORATION,"			
American Di	ream Realty Sales and Service Corp.					
(If name unav	railable in Florida, enter alternate corporate name	adopti	ed for the purpose of transacting busines	s in Florida	()	
Pennsylvania	,					
(State or cou	intry under the law of which it is incorporated)		(FEI number, if applicable)			
(D	Pate of incorporation)	·	(Date of duration, if other than perpetual)			
NA, Transac	ction of business may begin after approval and no	ot befor	e.			
7998 New Fal	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 Is Road, Levittown, PA 19055 (Principal of	1502, F	S., to determine penalty liability)	24 BEC	SECRI 3(VISICA	
_	(Current maili	ng add	ess, if different)	17		
8. Name and <u>st</u> Name:	treet address of Florida registered agent: (P. Jonathan Geftman	O, Bo:	( <u>NOT</u> acceptable)	M 2: 04	SPOLYSIVE SPECIFICAL S	
Office Address:	Unit 2N, 3015 N Ocean Blvd					
	Fort Lauderdale		. Florida 33308			
	(City)		(Zip code)			

### 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 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.

A. DIRECTORS	•				
□Chairman	Jonathan Geftman Name:	□Chairman	Name:		
□Vice Chairman	Address: 1420 Pheasant Run Circle	□Vice Chairman	Address:		
Director	Yardley, PA 19067	□Director		·	
■ President		□President			
□Vice President		□Vice President		<del></del>	
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		☐ Director			
□President		□President			
□Vice President		□Vice President			
☐Secretary	□Treasurer	□ Secretary		☐Treasurer	
□Other	□Other	□Other	··-	□Other	
□Chairman	Name:	□ Chairman			
□Vice Chairman	Address:		Address:	<u></u>	
Director		□Director			
□President		□President			
□Vice President		☐Vice President			
☐Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
Important Notice: I individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	port form.		
•••	Signature of Dire	ctor or Officer	<del>-</del> .	,	
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in no lise information submitted in a document to the D eftman, President				



# **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: AMERICAN DREAM REALTY SERVICE CORP.

Request Type: Subsistence Certificate Issuance Date: December 11, 2024

**Request No.:** 047658333 File No.: 0003029442

Receipt No.: 001334458

Filing Type: Domestic Business Corporation

Filing Subtype: Statutory Close Initial Filing Date: October 05, 2001

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

### LDO HEREBY CERTIFY THAT

### AMERICAN DREAM REALTY SERVICE CORP.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Mas Selmo

Verify this certificate online at www.file.dos.pa.gov