

F25000000440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

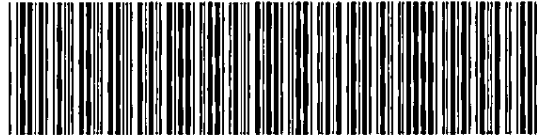
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-5 7854

Office Use Only



800441841198

2025 JAN 16 AM 11:04

APPROVED
AND
FILED

2025 JAN 16 PM 1:41

10

JAN 25 2025

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected
Please Allow For
Same File Date

January 17, 2025

SUNSHINE STATE

Corrected
Please Allow For
Same File Date

Sunshine State Corporate Compliance
Company
3458 Lakeshore Drive
Tallahassee, FL 32312

SUBJECT: EXPORTUSA NEW YORK CORP.
Ref. Number: W25000007854

We have received your document for EXPORTUSA NEW YORK CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the titles of each officer and or directors.

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 .

Emani D Manning
Regulatory Specialist II

Letter Number: 825A00001247

RECEIVED
2025 JAN 24 AM 9:15
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 1/16/25

****WALK IN****

ENTITY NAME EXPORTUSA NEW YORK CORP.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70.00

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Heppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EXPORTUSA NEW YORK CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Fosca Pellegrinotti Mari
Name (Printed or typed)
c/o ExportUSA New York Corp., 18 Bridge St., Unit 2A
Address
Brooklyn, NY 11201
City, State & Zip
718-522-5575
Daytime Telephone number
fosca@exportusa.us
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

**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.*

EXPORTUSA NEW YORK CORP.

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

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

2. New York 3. 27-2700398
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/25/2010 5. _____
(Date of incorporation) (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. 18 Bridge St., Unit 2A, Brooklyn, NY 11201
(Principal office street address)

(Current mailing address, if different)

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

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

APPROVED
AND
FILED
2025 JAN 16 AM 11:04

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.

Michael A. Barr President

(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]:

A. DIRECTORS

☐ Chairman Name: Lucio Miranda
☐ Vice Chairman Address: 18 Bridge St., Unit 2A
☐ Director Brooklyn, NY 11201
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Muriel Nussbaumer
☐ Vice Chairman Address: 18 Bridge St., Unit 2A
☒ Director Brooklyn, NY 11201
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. /s/Lucio Miranda
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. Lucio Miranda - President
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	EXPORTUSA NEW YORK CORP.
DOS ID Number:	3954034
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/25/2010
Statement Status:	CURRENT
Statement Due Date:	05/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	05/25/2010
Entity Name:	EXPORTUSA NEW YORK CORP.

Document Type:	BIENNIAL STATEMENT
Date of Filing:	05/15/2012
Effective Date:	05/01/2012

Document Type:	BIENNIAL STATEMENT
Date of Filing:	06/12/2017
Effective Date:	05/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/02/2018
Effective Date: 05/01/2018

Document Type: AMENDMENT TO BIENNIAL STATEMENT
Date of Filing: 04/08/2019
Effective Date: 05/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/26/2022
Effective Date: 05/01/2020

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/19/2022
Effective Date: 05/01/2022

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/08/2024

Above space is left blank intentionally.

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 January 15, 2025 at
01:08 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007292739 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>