

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code

Please print this email for your records.

Thank you for submitting your APPLICATION OF AUTHORITY through the Department of State's Online Filing System. The APPLICATION OF AUTHORITY has been filed by the Department of State.

We have attached the official filing receipt and any related document(s) for the following entity:

DOS ID: [REDACTED]
Entity Name: [REDACTED]
County: NEW YORK
Filing Date: 02/28/2025
Statement Due: 02/28/2027

- Retain this letter and attachment(s) for your records. The Department of State does not mail additional copies of the filing receipt or related attachment(s).
- Business Corporations are required to file a Biennial Statement with the Department of State. To receive an email notice when the Biennial Statement is due, provide an email address at the Department of State's [Email Address Submission/Update Service](#).
- You may obtain a Federal Employer Identification Number (EIN) from the Internal Revenue Service (IRS). You must obtain an EIN to identify your business to the IRS and the New York State Department of Taxation and Finance. Visit [Employer Identification Number](#).
- Report your EIN by phone to the New York State Department of Taxation and Finance at 518-485-6027, Monday through Friday between 8:30 a.m. and 4:30 p.m.

Resources

- [Instructions for filing Certificates of Correction, Certificates of Amendment](#) and other documents with the Department of State

- [Corporation tax information](#)

Contact Information

- Department of State: Email the Division of Corporations at corporations@dos.ny.gov.
- Department of Taxation and Finance: Visit [Contact us](#) for self-help options and telephone numbers.

NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
FILING RECEIPT

ENTITY NAME : [REDACTED]
DOCUMENT TYPE : APPLICATION OF AUTHORITY
ENTITY TYPE : FOREIGN BUSINESS CORPORATION

If Entity Type is a NY State
business it will say "Domestic"
not Foreign

DOS ID : [REDACTED]
FILE DATE : 02/28/2025
FILE NUMBER : [REDACTED]
TRANSACTION NUMBER : [REDACTED]
EXISTENCE DATE : 02/28/2025
DURATION/DISSOLUTION : PERPETUAL
COUNTY : NEW YORK



SERVICE OF PROCESS ADDRESS :

[REDACTED]
[REDACTED]
[REDACTED]

ELECTRONIC SERVICE OF PROCESS
EMAIL ADDRESS :

N/A

FILER :

[REDACTED]
[REDACTED]
[REDACTED]

SERVICE COMPANY :
SERVICE COMPANY ACCOUNT :
CUSTOMER REFERENCE :

[REDACTED]
[REDACTED]
[REDACTED]

You may verify this document online at : <http://ecorp.dos.ny.gov>

AUTHENTICATION NUMBER :

[REDACTED]

TOTAL FEES:	\$260.00	TOTAL PAYMENTS RECEIVED:	\$260.00
FILING FEE:	\$225.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$10.00	CREDIT CARD:	\$0.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$260.00
EXPEDITED HANDLING:	\$25.00	REFUND DUE:	\$0.00

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for [REDACTED] File Number [REDACTED] has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on March 03, 2025.

WALTER T. MOSLEY
Secretary of State



BRENDAN C. HUGHES
Executive Deputy Secretary of State





**Division of Corporations,
State Records and
Uniform Commercial Code**

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE

One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

APPLICATION OF

(Insert Corporate Name)

to the Business Corporation Law

FIRST: The name of the corporation is:

_____.

If the name does not contain a required word or abbreviation indicating corporate character pursuant to § 301 of the Business Corporation Law, the corporation agrees to add the word or abbreviation _____ to the end of its name for use in this state.

(Do not complete the following section unless the corporation's true name is not available pursuant to § 301 or § 302 of the Business Corporation Law.) The fictitious name under which the corporation will do business in New York is:

_____.

SECOND: The jurisdiction in which the corporation was organized is:

_____. The date of its incorporation is: _____.

THIRD: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

FOURTH: The county within this state in which the office of the corporation is to be located is: NEW YORK COUNTY. *(A county in New York State is required. Please note that the corporation is not required to have an actual physical office in this state.)*

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:

[REDACTED]

_____.

(if that applies.)

- ☒ The foreign corporation has not since its incorporation or since the date its authority to do business in New York was last surrendered, engaged in any activity in this state.
- ☐ The consent of the New York State Tax Commission is attached.

X [REDACTED]

(Signature)

[REDACTED]

(Name of Signer)

AUTHORIZED SIGNATORY

(Name of Signer)

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-_____, _____ STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY _____ IS DULY

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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D.
2025.

AND I DO HEREBY _____ THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID _____

_____ INCORPORATED ON THE _____

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
_____ DATE.



5566218 8300

SR# 20250846712

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: _____

Date: 02-28-25

Filed with the NYS Department of State on 02/28/2025

Filing Number: _____ DOS ID: _____

APPLICATION FOR AUTHORITY

[REDACTED]

(Insert Corporate Name)

Under Section 1304 of the Business Corporation Law

Filer's Name and Mailing Address:

[REDACTED]

Name

[REDACTED]

Company, if Applicable

[REDACTED]

City, State and Zip Code

NOTES:

1. [REDACTED] Existence, Certificate of Good Standing, or Certificate of Incorporation records in the jurisdiction of the corporation's formation.
2. The name of the corporation and date of incorporation must exactly match the name of the corporation and, if applicable, the date of incorporation stated in the Certificate of Existence Certificate of Good Standing or Certificate of Status.
3. Authority must be signed by an officer, director or duly authorized person.
4. Attach the consent of the NYS Tax Commission, if required. To request consent, call the NYS Department of Taxation and Finance at (518) 485-2639.
5. The Application for Authority must be submitted with a **\$225** filing fee, made payable to the Department of State.
6. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.

(For Office Use Only)