

2017 MAR -7 AM 9: 44

## **Certificate of Authority**

**FOREIGN Corporation** 

→ Filing Fee: \$310.00 minimum

applies for a Certificate of Authority to transact busifor that purpose submits the following statement:	undersigned foreign corporation ness in the State of Rhode Isla	n hereby and, and	
The name of the corporation is:			
NY SEB Inc.			
2. It is incorporated under the laws of: New Yo	rk		
3. The name, if different, which it elects to use in R			
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contage of the co	nin the word "corporation", "company", orporation with the addition of one of the	
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rh filed with this application:	Island, then set forth below the ode Island as stated in the "Fid	e fictitious name under which the stitious Business Name Statement" to be	
4. The date of its incorporation is: 02/03/2016			
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	IE BOX		
Date certain for dissolution			
5. The address of its principal office is:		· · · · · · · · · · · · · · · · · · ·	
8 Revolutionary Road, Ossining, NY 10562			
6. The name and address of the initial registered agent/office of in Rhode Island:			
Agent Name Corporation Service Company			
Street Address (NOT a P.O. Box) 222 Jefferson Box	ulevard, Suite 200		
City/Town <b>Warwick</b>	State RHODE ISLAND	Zip Code <b>02888</b>	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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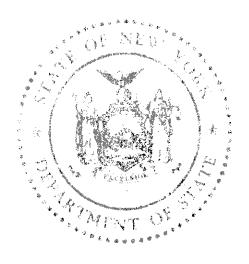
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state or country of whi	respective addres	sses of its directors ( ed):	(optional, unless dire	ectors are required under the laws of the
NAME			ADI	DRESS
N/A		Directors are not required in NY.		
			C	heck the box to indicate an attachment.
of the state or country	respective address of which it is incor	ses of its principal o		directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	Robert DiNozz	i	8 Revolutionary	Rd, Ossining, NY 10562
VICE PRESIDENT	n/a			
TREASURER	n/a			
SECRETARY	Robert DiNozzi		8 Revolutionary	Rd, Ossining, NY 10562
				heck the box to indicate an attachment.
<ol><li>The aggregate numb par value, and series, if</li></ol>	per of shares which f any, within a clas	h it has authority to ss, is:		lasses, par value of shares, shares without
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE
200	Common			No Par Value
•-		<del></del>		
10. (a) Estimate, in dol owned by the corporation located:	llars, the value of			ars, the value of the corporation's property Rhode Island during the following year:
\$ 0			\$ <u>_</u> 0	
\$_0				

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
\$_50000.	\$ <u> </u>
(c) Estimate, <b>as a percentage</b> , the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. <i>Note percentage</i> .	imount of business to be transacted by the corporation at or year compared to the gross amount thereof which will be a: Divide (11b) by (11a) and multiply by 100 to obtain the
<u> </u>	
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporated	f Good Standing/Letter of Status issued by the proper officer of d that is dated within 60 days of the filing of this document.
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX
Date received (Upon filing)	
Later effective date (Date must be no more than 90 day	s from the day of filing)
Under penalty of perjury, I declare and affirm that I have example accompanying attachments, and that all statements contained	mined this Application for Certificate of Authority, including any ed herein are true and correct.
Type or Print Name of Authorized Officer	Date
Robert DiNozzi	3.6.2017
Signature of Authorized Officer of the Corporation	
SIGN DOCL	IMENT HERE
· \\'\\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NY SEB INC. was filed on 02/03/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of February two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State