# F05000006584

(Re	equestor's Name)	
(Ad	dress)	·
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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#### **COVER LETTER**

TO:					
SUBJ	ECT:Ast1			n - must include suffix)	)
Dear S	ir or Madam:				
"Certif	icate of Exister	ice," and check are submi-			
Please	return all corre	contained proportions    lease Associates, Inc.			
	Stacey Me	(Name of corporation - must include suffix)  Madam:  d "Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," and check are submitted to register the above referenced foreign corporation usiness in Florida.  In all correspondence concerning this matter to the following:  tracey Melnick  (Name of Person)  tralease Associates, Inc.  (Firm/Company)  (Address)  uppauge NY 11788  (City/State and Zip code)  Information concerning this matter, please call:  Melnick  me of Person)  (Area Code & Daytime Telephone Number)  MAILING ADDRESS:  stration Section  sion of Corporations  on Building  P.O. Box 6327  Tallahassee, FL 32314  a check for the following amount:  Iting Fee  Certificate of Status  Certificate Of Status & Certificed Copy  Certificate of Status &			
		(1)	lame of I	Person)	70. 5
	Astralease	Associates, Inc.	•		SEE 7
2	200 Motor Pa	•	titions  Ise Associates. Inc.  (Name of corporation - must include suffix)  by Foreign Corporation for Authorization to Transact Business in Florida," and check are submitted to register the above referenced foreign corporation da.  ence concerning this matter to the following:  (Name of Person)  (Address, Inc.  (Firm/Company)  (Address)  (City/State and Zip code)  Deterning this matter, please call:  at (631 ) 265-8933 ext. 15 (Area Code & Daytime Telephone Number)  (RADDRESS:  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  collowing amount:  \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certified Copy  Certificate of Status		
			(Addre	ess)	<del></del>
	Hauppauge	NY 11788			
•	·	(City	/State ar	nd Zip code)	
For fur	ther information	n concerning this matter, p	pl <b>e</b> ase ca	ıll:	
Sta	acey Melnick	at (	631	) 265-8933 ext.	. 15
	(Name of Per	son)	(Area C	ode & Daytime Teleph	none Number)
	Registration S Division of Co Clifton Buildin 2661 Executiv	ection orporations org e Center Circle		Registration S Division of C P.O. Box 632	Section orporations 7
Enclose	ed is a check for	r the following amount:			
<b>Ø</b> \$70.	.00 Filing Fee			_	Certificate of Status &



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2005

STACEY MELNICK ASTRALEASE ASSOCIATES, INC. 200 MOTOR PARKWAY SUITE D-21 HAUPPAUGE, NY 11788

SUBJECT: ASTRALEASE ASSOCIATES, INC.

Ref. Number: W05000049732

We have received your document for ASTRALEASE ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 (850) 245-6043.

Letter Number: 105A00066077

Joey Bryan Document Specialist MISMA IN ON 2:07

### 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.

1.		ase Associates, Inc.	
	(Enter name of "Inc.," "Co.," "	of corporation; must include "INCORPORATED," "COMPANY," "CORPORATI "Corp," "Inc," "Co," or "Corp.")	ON,"
		ralease Assoc. Inc.	The second of th
	(If name unavai	ailable in Florida, enter alternate corporate name adopted for the purpose of transac	ting business in Florida
2.			0/6
	(State or country	try under the law of which it is incorporated) (FEI number, if a	pplicable)
4		13/1990 S. Perpetual	
٠.	(Dat	ate of incorporation) (Duration: Year corp. will cease	e to exist or "perpetual")
6.			
7.	200	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liab  0 Motor Parkway Suite D-21 Hauppauge NY 11788	bility)
•		(Principal office address)	
	200	Motor Parkway Suite D-21 Hauppauge NY 11788	
		(Current mailing address)	
8.		Automotive Leasing	
	(Purpose	e(s) of corporation authorized in home state or country to be carried out in state of	Florida)
9.	Name and stre	reet address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name:	Corporation Service Company	
O:	ffice Address:	1201 Hays Street	
		Tallahassee, Florida	
		(City) (Zip code)	

10. 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.

Corporation Service Company

Sull Minight (Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

DIRECTO	DC

Chairman:	Don E. Bertsch	<del></del>	<u> </u>
Address:	3 Arthur Place Smithtown NY 11787	- C	to O
_		1	18 8
Vice Chair	rman: _ Joseph Roach	75.5x	TO THE PARTY OF TH
	9 Salt Meadow Road Babylon NY 11702		24,0
			ROLL
Director:	Robert Morgenstern		
Address:	25 Winfield David Drive Coram NY 11727		
Director:	Michael Brannigan		
Address: _	63 Mayflower Avenue Massapequa PArk NY 11762		
	Don E Bertsch  3 Arthur Place Smithtown NY 11787		
	dent: _Stacey Melnick		
Address: <u>1</u>	.56 Willow Wood Drive Oakdale NY 11769		
Secretary:	Joseph_Roach		
Address: _	9 Salt Meadow Rd Babylon NY 11769 11702	<u>-</u>	
Treasurer:	Joseph Roach		
Address:	9 Salt Meadow Rd Babylon NY 11702		
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and	or directo	ors.
13	Veacy INVa		
14	(Signature of Director or Officer listed in number 12 of the application)		
	(Typed or printed name and capacity of person signing application)		

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

I hereby certify, that the Certificate of Incorporation of ASTRALEASE ASSOCIATES, INC. was filed on 03/13/1990, 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.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of October two thousand and five.

Special Deputy Secretary of State

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