

# F00000000478

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

100003110951--4  
-01/26/00--01043--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. G & C Schlager & Associates Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 1/26

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN 26 PM 4:26

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

RECEIVED  
00 JAN 26 AM 11:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B/K  
1/26/00

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: G+C SCHLAGER & ASSOCIATES INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KATHI HILL

(Name of Person)

CAPITOL SERVICES

(Firm/Company)

1406 HAYS STREET, SUITE #2

(Address)

TALLAHASSEE , FL 32301

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

(Name of Person)

at ( )

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & 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.

1. G+C SCHLAGER & ASSOCIATES INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 11, 2000 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. THE CORPORATION HAS NOT TRANSACTED BUSINESS IN FLORIDA.  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1311 MAMARONECK AVENUE  
WHITE PLAINS, NY 10605  
(Current mailing address)
8. TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS  
MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF THE STATE  
OF DELAWARE.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: NATIONAL CORPORATE RESEARCH, LTD., INC.
- Office Address: 1406 HAYS STREET, SUITE #2  
TALLAHASSEE, Florida, 32301  
(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.*

*Theresa M. Lennon*  
(Registered agent's signature)

THERESA M. LENNON, ASSISTANT SECRETARY

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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DIVISION OF CORPORATIONS  
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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Thomas Povinelli

Address: Gilman + Ciocia, Inc., 1311 Mamaroneck Ave, White Plains, NY 10605

Vice Chairman: James Ciocia

Address: Gilman + Ciocia, Inc., 1311 Mamaroneck Ave, White Plains, NY 10605

Director: Stephen B. Sacher

Address: 1311 Mamaroneck Ave, White Plains NY 10605

Director: Kathryn Travis

Address: Gilman + Ciocia, Inc., 475 Northern Boulevard, Great Neck, NY 11021

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: James Ciocia

Address: Gilman + Ciocia, Inc., 1311 Mamaroneck Ave, White Plains, NY 10605

~~Vice President:~~ Chief Operating Officer: Thomas Povinelli

Address: Gilman + Ciocia, Inc., 1311 Mamaroneck Ave, White Plains, NY 10605

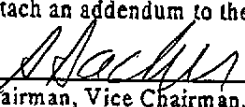
Secretary: Kathryn Travis

Address: Gilman + Ciocia, Inc., 475 Northern Boulevard, Great Neck, NY 10605

Treasurer: Stephen B. Sacher

Address: Gilman + Ciocia 1311 Mamaroneck Ave, White Plains, NY 10605

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEPHEN B. SACHER, TREASURER  
(Typed or printed name and capacity of person signing application)

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*State of Delaware*  
*Office of the Secretary of State*

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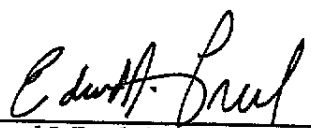
PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "G+C SCHLAGER & ASSOCIATES INC. IS DULY INCORPORATED UNDER THE 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-FOURTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "G+C SCHLAGER & ASSOCIATES INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

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AUTHENTICATION:

0213722

DATE:

01-24-00

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