

F00000002979

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Solutions 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:

Michael C. Bergman
(Name of Person)

Solutions Associates Inc.
(Firm/Company)

11510 NW 56 Dr.
(Address)

Coral Springs FL 33076
(City/State/Zip)

W-7217

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Michael Bergman
(Name of Person)

at (954) 415-4170
(Area Code & Daytime Telephone Number)

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-03/13/00--01101--016
*****78.75 *****78.75

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

DBA
F00-2979
5/26
BNA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 17, 2000

MICHAEL C BERGMAN
SOLUTIONS ASSOCIATES INC.
11510 NW 56 DR
CORAL SPRINGS, FL 33076

SUBJECT: SOLUTIONS ASSOCIATES INC.
Ref. Number: W00000007217

We have received your document for SOLUTIONS ASSOCIATES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding the word Florida or of Florida does not change the name.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 200A00014892

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Florida Division of Corporations:

To whom it may concern, this letter is to inform you of the Resolution voted upon by the board of directors of Solutions Associates Inc. a New York state corporation applying as a foreign corporation in the state of Florida to conduct business as

Florida Restaurant Solutions Inc.

Scott Bergman 4/28/00

Scott Bergman Pres.

Michael C. Bergman 4/28/00

Michael C. Bergman VP, Treasurer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. SOLUTIONS 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. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/11/97 5. "Perpetual"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 185 S. Middle Neck Rd.
Great Neck NY. 11021
(Current mailing address)
8. Restaurant Consultants
(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: Michael C Bergman
- Office Address: 11510 NW 56th Dr
Coral Springs, Florida, 33076
(Zip code)

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TALLAHASSEE, FLORIDA

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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.

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

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Scott Bergman

Address: 185 S. Middleneck Rd

Great Neck NY. 11021

Vice President: Michael C Bergman

Address: 11510 NW 56th Dr.

Coral Springs FL 33076

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

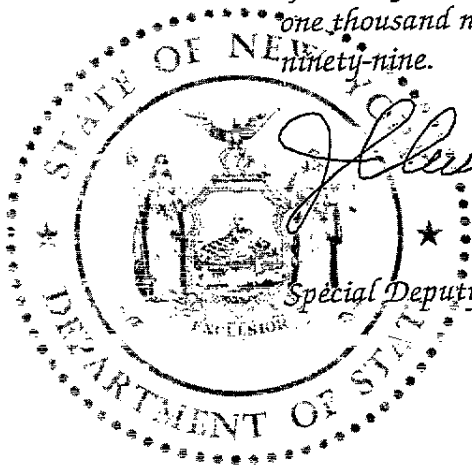
13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

State of New York | **ss:**
Department of State

I hereby certify, that the certificate of incorporation of SOLUTIONS ASSOCIATES INC. was filed on 12/11/1997, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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 a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 24th day of December
one thousand nine hundred and
ninety-nine.*



J. L. ...
Special Deputy Secretary of State

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