F00000004774

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AUBEL 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:

STANLEY DEZURE
(Name of Person)

200003333312--9
-07/24/00--01100--004
*****78.75 *****78.75

STANLEY DEZURE & CO
(Firm/Company)

P.O. BOX 10
(Address)

SOUTHAMPTON, PA 18966
(City/State/Zip)

W-18942
F-4774

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

STANLEY DEZURE at 215 364-0320
(Name of Person) (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

FILED
00 AUG 24 AM 10:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SP

8/24

STF FL32376F.2

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 31, 2000

STANLEY DEZURE
STANLEY DEZURE & CO.
PO BOX 10
SOUTHAMPTON, PA 18966

SUBJECT: AUBEL ASSOCIATES, INC.
Ref. Number: W00000018942

We have received your document for AUBEL 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 600A00041396

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00 AUG 24 AM 10:21
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. AUBEL 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. PENNSYLVANIA
(State or country under the law of which it is incorporated)

3. 23-2199123
(FEI number, if applicable)

4. 03/08/1982
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. JULY 1, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. BOX 367481 BONITA SPRINGS, FL 34136
(Current mailing address)

8. EMPLOYMENT AGENCY
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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TALLAHASSEE FLORIDA

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: WILLIAM AUBEL

Office Address: 23600 WALDEN CENTER DRIVE

BONITA SPRINGS, Florida, 34134
(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.

✓ William J. Aubel
(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: WILLIAM AUBEL

Address: 23600 WALDEN CENTER DRIVE

BONITA SPRINGS FL 34134

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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

President: WILLIAM AUBEL

Address: 23600 WALDEN CENTER DRIVE

BONITA SPRINGS FL 34134

Vice President:

Address:

Secretary: SAME AS ABOVE

Address:

Treasurer: SAME AS ABOVE

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. WILLIAM AUBEL, PRESIDENT
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JUNE 30, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AUBEL ASSOCIATES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

FILED
00 AUG 24 AM 10:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECRETARY OF THE COMMONWEALTH
PENNSYLVANIA

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Kim Pizzingrilli

Secretary of the Commonwealth

DPOS