

FO 1000000288

CAPITOL SERVICES a/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

300003552163--9
-01/17/01--01086--001
*****78.75 *****78.75

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

1. Gilman + Ciocia, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 11/17

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
01 JAN 17 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
<input type="checkbox"/>	Other

MC

11/17

Examiner's Initials

CF - 70.00
CERT 8.75
CR2E0311(10/92)

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. GILMAN + CIOCLA, 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. SEPTEMBER 3, 1993

(Date of incorporation)

5. PERPETUAL

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

6. UPON FILING

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

7. DAVID D. PUYEAR

1311 MAMARONECK AVENUE, WHITE PLAINS, NY 10605

(Current mailing address)

8. TAX RETURN PREPARATION

(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.

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.

Kathleen J. Hill
(Registered agent's signature)

Kathleen J. Hill, Process Agent

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)

FILED
JAN 17 1993
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Chairman: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: SEE ATTACHED LIST

Address: _____

Director: _____

Address: _____

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JAN 17 AM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

President: SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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.

SETH AKABAS, ASSISTANT SECRETARY

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

LIST OF OFFICERS AND DIRECTORS

OFFICERS

Name	Position	Address
James Ciocia	Chairman	1311 Mamaroneck Ave., White Plains, NY 10605
Thomas Povinelli	Chief Executive Officer	1311 Mamaroneck Ave., White Plains, NY 10605
David D. Puyear	Chief Financial Officer	1311 Mamaroneck Ave., White Plains, NY 10605
Kathryn Travis	Secretary	1311 Mamaroneck Ave., White Plains, NY 10605
Stephen Sacher	Treasurer	1311 Mamaroneck Ave., White Plains, NY 10605
Seth A. Akabas	Assistant Secretary	1311 Mamaroneck Ave., White Plains, NY 10605

DIRECTORS

Name	Position	Address
James Ciocia	Director	1311 Mamaroneck Ave., White Plains, NY 10605
Thomas Povinelli	Director	1311 Mamaroneck Ave., White Plains, NY 10605
Kathryn Travis	Director	1311 Mamaroneck Ave., White Plains, NY 10605
Doreen Biebusch	Director	1311 Mamaroneck Ave., White Plains, NY 10605
Michael P. Ryan	Director	1311 Mamaroneck Ave., White Plains, NY 10605
Seth A. Akabas	Director	1311 Mamaroneck Ave., White Plains, NY 10605
Louis P. karol	Director	1311 Mamaroneck Ave., White Plains, NY 10605

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State of Delaware
Office of the Secretary of State

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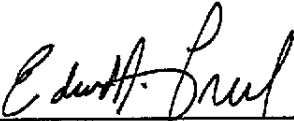
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GILMAN + CIOCIA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GILMAN + CIOCIA, INC." WAS INCORPORATED ON THE THIRD DAY OF SEPTEMBER, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Edward J. Freel, Secretary of State

AUTHENTICATION: 0855147

2349911 8300

001627445

DATE: 12-14-00

FILED
01 JAN 17 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA