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TRANSMITTAL LETTER

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-01/17/01--01117--001
*****70.00 *****70.00

TO: Registration Section
Division of Corporations

SUBJECT: Investors Planning Services Corporation
(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:

Arnold Katz
(Name of Person)

Investors Planning Services Corporation
(Firm/Company)

641 6th Ave. West
(Address)

East Northport, NY 11731
(City/State and Zip code)

FILED
00 JAN 17 AM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ARNOLD KATZ at (631) 261-7495
(Name of Person) (Area Code & Daytime Telephone Number)

4mth
1/18

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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 &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLLAN(,'E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWNG IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTBUSINESS IN T11ESTATE OF FLORIDA.

1. Investors Planning Services Corporation
(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 ofa natural person or partnership if not so contained in die name at present.)

2. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/04/2000 5. Perpetual
(Date ofincorporation) (Duration: Year corp. will ccase to exist or "perpetual")

6 Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607,1501. 607.1502 and 817.155. F S.)

7. 641 6th Ave. West, East Northport, NY 11731
(-Principal office address)

641 6th Ave. West, East Northport, NY 11731
(Current mailing address)

8. To provide our clients the service of personnel and business financial planning and insurance products.
(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:** (RO. Box or Mail Drop Box NOT acceptable)

Name: Paul J. Sarote

Office Address: 31 Old Kings Road No.

Plam Coast, Florida 32137
(City) (Zip code)

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00 JAN 17 AM 12:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I 0. **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 theproper and complete performance of my duties, and I am familiar with and accept the obligations of my positon as registered agent.

(Registered agent's signature)

I 1. 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 LIDACf the law of which it is incorporated.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: ARNOLD KATZ

Address: 641 6TH Ave WEST
EAST NORTHPORT, NY 11731

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00 JAN 17 AM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice President: _____

Address: _____

_____

Secretary: MERYL K. KATZ

Address: 641 6TH Ave WEST, EAST NORTHPORT, NY 11731

Treasurer: ARNOLD KATZ

Address: 641 6TH Ave WEST, EAST NORTHPORT, NY 11731

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

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

14. ARNOLD KATZ President
(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 INVESTORS PLANNING SERVICES, CORP. was filed on 12/13/2000, 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 a subsisting corporation.

I further certify, that no other documents have been filed by such Corporation.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of January two thousand and and one.

Special Deputy Secretary of State

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00 JAN 17 AM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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