

FOI 0000002721

5.

TO: Registration Section  
Division of Corporations

SUBJECT: ROBERT S. MILLER 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:

DAVID F. O'BRIEN, CPA

(Name of Person)

LAWLOR, O'BRIEN & CHERVENAK, LLC

(Firm/Company)

200004242702--9

-05/17/01-01103-001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

87 LACKAWANNA AVENUE

(Address)

TOTOWA, NJ 07512

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID F. O'BRIEN

(Name of Person)

at (973) 890-2820

(Area Code & Daytime Telephone Number)

**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

01 MAY 17 1998  
FALLER  
TALLAHASSEE, FL  
REGISTRATION SECTION

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

mtw  
5/21

**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. ROBERT S. MILLER 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 JERSEY

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

3. 22-2630871

(FEI number, if applicable)

4. 07/01/1985

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease 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. 99 MEADOWBROOK ROAD RANDOLPH NJ 07869-3856

(Principal office address)

11409 OHANU CIRCLE, BOYNTON BEACH, FL 33437

(Current mailing address)

8. HUMAN RESOURCES CONSULTANTS

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: DEANNE P. MILLER

Office Address: 11409 OHANU CIRCLE

BOYNTON BEACH

(City)

, Florida 33437

(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.*

Deanne P. Miller 5/14/01

(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:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: ROBERT S. MILLER

Address: 99 MEADOWBROOK ROAD

RANDOLPH, NJ 07869

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: DEANNE P. MILLER

Address: 99 MEADOWBROOK ROAD

RANDOLPH, NJ 07869

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

13. Deanne P. Miller 5/14/01

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

14. DEANNE P. MILLER, TREASURER

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

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

*ROBERT S. MILLER ASSOCIATES, INC.*

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on July 1, 1985.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

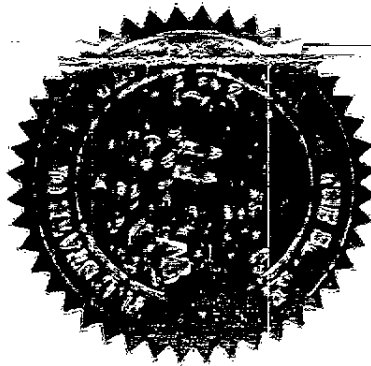
*Robert S Miller  
99 Meadowbrook Rd  
Randolph, NJ 07869*

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01 MAY 17 PM 10 42  
SECRET  
TREASURY

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

ROBERT S. MILLER ASSOCIATES, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
2nd day of May, 2001

A handwritten signature in cursive script, reading "Peter R. Lawrance".

Peter R Lawrance  
Acting State Treasurer

01 MAY 17 13 16 42  
TREASURY