

F01000003531

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINE SAMUELS & 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:

CLINE SAMUELS

(Name of Person)

300004437293--3

-06/22/01-01070-003

*****78.75 *****78.75

CLINE SAMUELS & ASSOCIATES, INC.

(Firm/Company)

105 COLLEGE ROAD

(Address)

PRINCETON, NJ 08540

(City/State and Zip code)

W01-14551

For further information concerning this matter, please call:

CARYL DILLON
(Name of Person)

at (609) 520-1600

(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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 AM 9:13

FILED

W01-14551

7p



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 22, 2001

CLIVE SAMUELS
CLIVE SAMUELS AND ASSOCIATES, INC.
105 COLLEGE ROAD
PRINCETON, NJ 08540

SUBJECT: CLIVE SAMUELS AND ASSOCIATES, INC.
Ref. Number: W01000014551

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for CLIVE SAMUELS AND 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6051.

Lee Rivers
Document Specialist

Letter Number: 301A00038054

CLIVE SAMUELS & ASSOCIATES, INC.
CONSULTING ENGINEERS

July 2, 2001

Lee Rivers
Registration Specialist
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Application

Dear Lee,

Enclosed please find the necessary documentation to complete the application process.

Should you require any additional information, please feel free to contact me.

Thanking you in anticipation,

CLIVE SAMUELS & ASSOCIATES


Caryl Dillon

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



105 COLLEGE ROAD EAST
PRINCETON, NJ 08540
609 . 520 . 1600
FAX 609 . 520 . 0974

**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. CLIVE SAMUELS AND 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/24/80 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY, 2001
(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. 105 COLLEGE ROAD, PRINCETON NJ 08540
(Principal office address)
105 COLLEGE ROAD, PRINCETON NJ 08540
(Current mailing address)
8. ENGINEERING
(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: CLIVE SAMUELS
Office Address: 3040 GRAND BAY BLVD.
LONG BOAT KEY, Florida 34228
(City) (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.

Clive Samuels

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: CLIVE SAMUELS

Address: 6 WINDERMERE WAY

PRINCETON, NJ 08540

Vice President: _____

Address: _____

Secretary: TERESA SAMUELS

Address: 6 WINDERMERE WAY PRINCETON, NJ 08540

Treasurer: _____

Address: _____

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

13. Clive Samuels.

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

14. CLIVE SAMUELS PRESIDENT

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CLIVE SAMUELS AND 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 September 24, 1980.*

*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:*

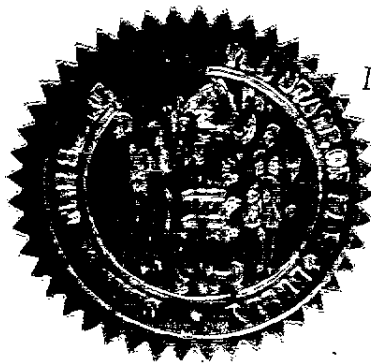
*Clive Samuels
6 Windermere Way
Princeton, NJ 08540*

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CLIVE SAMUELS AND ASSOCIATES, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
21st day of June, 2001

Peter R Lawrance

Peter R Lawrance
Acting State Treasurer

01 JUL -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA