

FOI 600006180

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robert Armon & Associates, LTD.  
(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:

600004683636--1  
-11/15/01--01043--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Howard R. Srlin

(Name of Person)

W01-26423

Howard R. Serlin, CPA

(Firm/Company)

9933 N. Lawler Ave. - Ste 335

(Address)

Skokie, IL 60077

(City/State and Zip code)

For further information concerning this matter, please call:

Howard Serlin  
(Name of Person)

at ( 847 ) 677-9925  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

12/4



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 19, 2001

HOWARD R. SIRLIN  
9933 N. LAWLER AVE., STE 335  
SKOKIE, IL 60077

SUBJECT: ROBERT ARMON & ASSOCIATES, LTD.  
Ref. Number: W01000026423

We have received your document for ROBERT ARMON & ASSOCIATES, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6097.

Michael Mays  
Document Specialist

Letter Number: 901A0006188

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

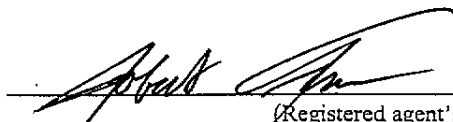
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Robert Armon & Associates LTD, 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. Illinois 3. 36-4219713  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 26, 1998 5. Perpetual  
(Date of incorporation) (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. 5385 NW 21st Ave., Boca Raton, FL 33496  
(Principal office address)  
5385 NW 21st Ave., Boca Raton, FL 33496  
(Current mailing address)
8. Travel Consultant To The Travel Service Industry  
(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: Robert Armon  
Office Address: 5385 NW 21st Ave.  
Boca Raton, Florida 33496  
(City) (Zip code)

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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.*

  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert Armon

Address: 5385 NW 21st Ave.  
Boca Raton, FL 33496

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

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

Director: Robert Armon

Address: 5385 NW 21st Ave.  
Boca Raton, FL 33496

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

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

B. OFFICERS

President: Robert Armon

Address: 5385 NW 21st Ave.  
Boca Raton, FL 33496

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

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

Secretary: Carole Armon

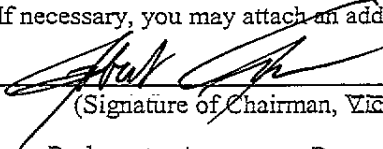
Address: 5385 NW 21st Ave., Boca Raton FL 33496

Treasurer: Robert Armon

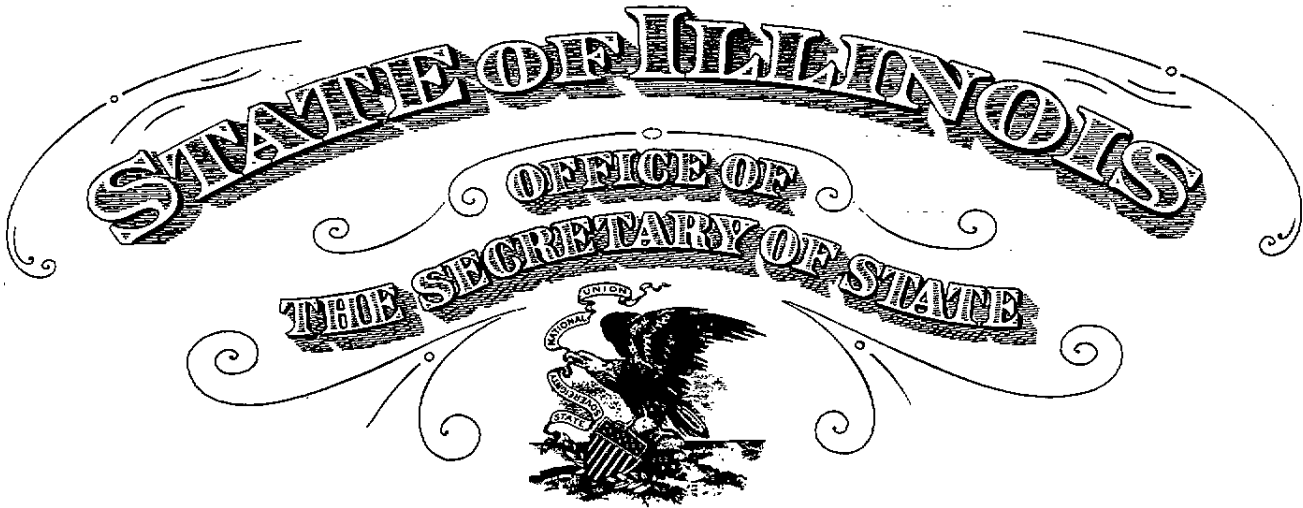
Address: 5385 NW 21st Ave., Boca Raton, FL 33496

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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. Robert Armon, President  
(Typed or printed name and capacity of person signing application)



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ROBERT ARMON & ASSOCIATES, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 26, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*

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TALLAHASSEE, FLORIDA

*In Testimony Whereof, I hereto set*

*my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* OCTOBER *A.D.* 2001



*Jesse White*

SECRETARY OF STATE