FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

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Office Use Only

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

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NEW-FILINGS				
	Profit			
	NonProfit			
	Limited Liability			
	Domestication			
	Other			

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

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Annual Report

Fictitious Name

Name Reservation

	REGISTRATION/ QUALIFICATION
V	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W02-18516

Examiner's Initials	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 25, 2002

FLORIDA COMPLIANCE SPECIALISTS, INC. 2331 HANSON PLACE TALLAHASSEE, FL 32301

SUBJECT: LEN ROBERTS LTD. Ref. Number: W02000018516

We have received your document for LEN ROBERTS LTD. 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 use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

The resolution is not needed your name is available.,

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 802A00040802

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.	LEN ROBERTS 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	NEW YORK (State or country under the law of which it is incorporated) 3. 11-3267556 (FEI number, if applicable)	
۷.	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4	5/19/95 5. PERPETUAL	
-1.	(Date of incorporation) 5. PERPETUL (Duration: Year corp. will cease to exist or "perpetual")	
6.	LIPON RUNLIFICATION	
	(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.	ONE DIVISION AVE. LEVITTOWN, NY 11756 (Principal office address)	<u>.</u>
	(Principal office address)	
	SAME AS ABOVE	
	(Current mailing address)	
8	MORTEAGE BROKER/LENSER PER R	
	(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: FLOPION COMPLIANCE SPECIALISTS, THE.	Ì
C	Office Address: 2331 Hansen Place	*******
	Tallahassee , Florida 32301 (City) (Zip code)	
	(Chy)	

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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:		<u> </u>				
Address:						
		<u> </u>	<u> </u>		_	
Vice Chairman:			<u>. </u>			
Address:						
					-	
Director:						<u> </u>
Address:			-	<u> </u>		
						<u>.1.</u> 3 14 5
Director:				<u> </u>		r_ . * ^{ili}
Address:			<u></u>		<u> </u>	
to the same						
B. OFFICERS				2.2		- 'ы
President: Roser Riccioni		<u> </u>		<u> </u>		
Address: ONE DIVISION AUE.		<u> </u>	<u> </u>	·		
LEVITTOWN, NY 1175	6			<u> </u>		
Vice President: LOVAD BUTTA	<u> </u>	_		<u>.</u>		
Address: ONS DIVISION AUS.			·	· • · · · ·	. 24	- · · .
LOVITTOUR, MY 11756	4					
Secretary:		· ··		;**·		
Address:						_
Treasurer:						<u>.</u>
Address:		· -				
NOTE: If necessary, you may attach an addendum to the ap	pplication li	sting addition	al officers a	nd/or directo	ors	
13 () Julto						
(Signature of Chairman, or a	any officer	listed in num	ber 12 of the	application)	<u>-</u>
4. <u>LEONARD</u> BUTTA	<i>V</i> .	P.				
(Typed or printed name and capacity	y of person:	signing annli	cation)			_

State of New York State State State State State

I hereby certify, that the Certificate of Incorporation of LEN ROBERTS LTD. was filed on 05/19/1995, 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 the following:

Certificate of Change was filed on 03/25/1996.

- A Biennial Statement was filed 06/03/1997.
- A Biennial Statement was filed 06/11/1999.
- A Certificate of Merger was filed on 11/08/1999.
- A Biennial Statement was filed 05/07/2001.
- 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 07th day of June two thousand and two.

Special Deputy Secretary of State

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