

# F0300000 2200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mr. Levin GAVE

REGISTRATION BY PHONE TO

add duration

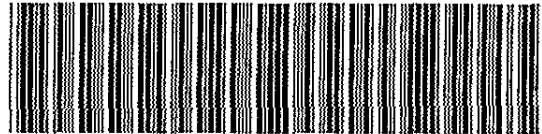
Name	<u>5/2/03</u>
Availability	<u>Dec</u>
Document	<u>EXAM</u>
Examiner	<u>DCC</u>

Updater	<u>DCC</u>	Office Use Only
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Updater	<u>DCC</u>
Verifier	<u>DCC</u>

Acknowledgement	<u>DCC</u>
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Officer	<u>DCC</u>
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DRA info + signature

# AUDIT SERVE<sub>INC.</sub>

27 Pine Street, Suite 700  
New Canaan, CT 06840

Phone: (203) 972-3567 Fax: (203) 972-3367 cell: (203) 858-5674  
e-mail: [info@auditserve.com](mailto:info@auditserve.com) Website: <http://www.auditserve.com>

March 24, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

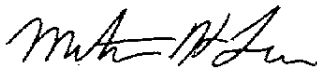
Dear Sir or Madam:

Enclosed is our form's application to transact business in the State of Florida as a foreign corporation.

We have enclosed the completed application, filing fee and a certificate of existence from the State of New York where our firm is incorporated.

We would appreciate any consideration in regards to processing our application as swiftly as possible because we are required to be registered as a foreign corporation in order to bid on a project for Polk County which we will be submitting April 1<sup>st</sup>.

Sincerely,



Mitchell H. Levine  
President

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TALLAHASSEE, FLORIDA

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# **AUDIT SERVE** INC.

27 Pine Street, Suite 700  
New Canaan, CT 06840

Phone: (203) 972-3567 Fax: (203) 972-3367 cell: (203) 858-5674  
e-mail: [Levinem@auditserve.com](mailto:Levinem@auditserve.com) Website: <http://www.auditserve.com>

April 26, 2003

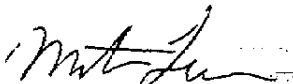
Diane Cushing  
Corporate Specialist  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Cushings:

As per your letter dated March 28, 2003, I have enclosed the designated registered agent for our company. You should have all of the components required to process our application by Foreign Corporation for Authorization to Transact business in Florida.

Please contact us if you require any additional information to process our application.

Sincerely,

  
Mitchell Levine  
President



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 28, 2003

MICHTELL H. LEVINE  
27 PINE STREET, SUITE 700  
NEW CANAAN, CT 06840

SUBJECT: AUDIT SERVE INCORPORATED  
Ref. Number: W03000008837

We have received your document for AUDIT SERVE INCORPORATED 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 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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 003A00018787

**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. Audit Serve 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 3. 13-356 3050  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/9/1990 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. 27 Pine Street Suite 700  
(Principal office address)  
New Canaan, CT 06840  
(Current mailing address)

8. Information Technology Consulting  
(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: Dennis Cassa

Office Address: 16950 North Bay Road #907  
Sunny Isles, Florida 33160  
(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.

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

A. DIRECTORS

Chairman: Mitchell Levent  
President 27 Pine St Suite 700  
Address: New Canaan, CT 06840

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

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

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

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

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

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

B. OFFICERS

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

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

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

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

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

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

Treasurer: \_\_\_\_\_

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

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

13. Mitchell H Levent  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

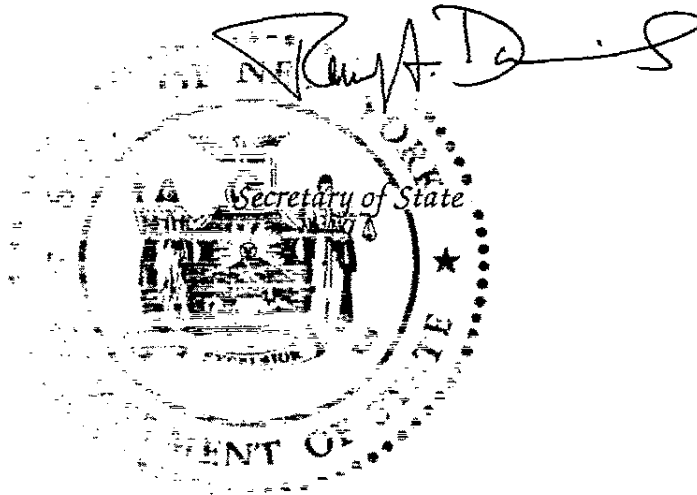
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TALLAHASSEE, FLORIDA

**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of AUDIT SERVE, INC. was filed on 01/09/1990, 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.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of March  
two thousand and three.*



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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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