# F03000003419

H. B. Stivers (Requestor's Name)
(Requestor's Name)
245 E Virginia St.
Talla, FL. 32301
222-6580 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Cred't Facts (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600021356006

07/09/03--01050--007 \*\*70.00

M





	TRANSMITTA	TERLIER	2 4 1
TO: Registration Section			THE WAY
Division of Corporations			7. S. 14
SUBJECT: CRED	IT- FACTS	n - must include suffix)	
	(Name of corporatio	n - must include suffix)	The state of the s
Dear Sir or Madam:			•
The enclosed "Application by Fore "Certificate of Existence", and che to transact business in Florida.			
Please return all correspondence c	oncerning this matter	to the following:	
WILLIA	4m ERIT (Name of		
	(Name of	Person)	
CREDIT	- FACTS 1	n C.	
	(Firm/Con	mpany)	
650 Sm	ith field	n C. mpany) St. Suitess) - 15222 and Zip code)	e 1850
	(Addr	ess)	
Pittsbur	rgh PA	- 15222	
	(City/State a	and Zip code)	
For further information concerning			
(DILLIAM SPITZ	or ( 412	, 232-3232	
(Name of Person)	(Area (	Code & Daytime Telepho	ne Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	18
Enclosed is a check for the following	ing amount:		
	5 Filing Fee &  Gificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

					IE FOLLOWING IS SUI THE STATE OF FLOR	ВМІТТЕБРТО ГБА
	oration; must inc	lude the word '	"INCORPORATI		NY", "CORPORATION"	
natural person	or partnership if	not so containe	ed in the name at	present.)	t is a corporation instead o	ia o
2. PEnn (State or countr	SYLVAN	ν Α of which it is in	3.	25	-1478487 (FEI number, if applicabl	व विकास
(Da	te of incorporation	on)		(Duration: Y	ear corp. will cease to exis	t or "perpetual")
6						
(Date first trans	acted business in	Florida. If co (SEE SEC	rporation has not TIONS 607.1501	transacted busing 607.1502 and	ness in Florida, insert "upo 817.155, F.S.)	•
7650	Smithfi	eld St.	Suite	1850	Pittsburgh	PA 15222
		(Pri	ncipal office add	ress)		
	*****	(Cu	rrent mailing add	ess)	· · · · · · · · · · · · · · · · · · ·	
~	- 10 ·					
8. Purpose	(s) of corporation	n authorized in	home state or co	untry to be carr	ied out in state of Florida)	·
					Mail Drop Box <u>NOT</u> ac	
				(1.O. DOX 01	ivian Drop Box <u>Iv<b>O I</b></u> ac	сериоте)
Name:	H. B.	Jilver 3		<del></del>		
Office Address:	245	E. Virgi	nia 5t			
	Tall	chassee		, Florida	3230/ (Zip code)	
		(City)			(Zip code)	
10. Registered :						
designated in the further agree to	is application, . comply with th	I hereby acce e provisions	ept the appointn of all statutes r	nent as registe elative to the	for the above stated cor ered agent and agree to proper and complete pe as registered agent.	act in this capacity. I
_		76	BH	, 		
		(Per	istered agent's si	mature)		

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: Sandra Miller
Chairman: Sandra Miller  Address: 650 Smithfield St. Suite 1850  Pittsburgh PA 15222
Pittsburgh PA 15222
Vice Chairman:
Address:
Address.
Director:
Address:
Director:
Address:
B. OFFICERS
President: WILLIAM ERITZ
Address: 650 Smith field St Swite 1850
President: WILLIAM ERITZ  Address: 650 Smithfield St. Suite 1850  Pitasburgh PA 15222
V
Vice President:
Address:
Secretary: Scic Pfeil
Address: 650 Smithfield St. Suite 1850 Pgh PA 15222
Treasurer: Steve Tarosky
Address: 650 Smithfield St. Suite 1850 Pgh PA 15222
NOTE: If necessary, you may attach an addendard to the application listing additional officers and/or directors.
13. Cull Cut
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. WILLIAM ERITZ PRESIDENT
(Typed or printed name and capacity of person signing application)

## COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

June 27, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### CREDIT-FACTS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein .

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

STMARTZ