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03 OCT -2 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert Hollander
10807 Royal Devon Way
Lake Worth, FL 33467
(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:

W03-35135

Office Use Only

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11/17/03--01094--010 **96.25

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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03 DEC -2 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 21, 2003

ROBERT HOLLANDER
10807 ROYAL DEVON WAY
LAKE WORTH, FL 33467

SUBJECT: BOB HOLLANDER ASSOCIATES, INC.
Ref. Number: W03000035135

We have received your document for BOB HOLLANDER ASSOCIATES, INC. and your check(s) totaling $96.25. 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.

The application you have submitted does not give authorization to transact business in Florida it merely holds the name for future use.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 603A00063434

11/13/03

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TALLAHASSEE, FLORIDA

Would you please issue certificate that Bob Hollander Assoc. has filed with the State of Fla. so same can be given to Palm Beach. Thank you for your cooperation

Bob Hollander Assoc.

Bob Hollander Assoc., Inc.

2100 Middle Country Road
Suite LL32
Centereach, N.Y. 11720

Telephone (631) 585-5918
Fax (631) 585-8259
wholespace@AOL.com

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03 DEC -2 PM 12:35
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 8, 2003

Att: Division of Corporations
Registration Section

To Who it may concern:

Please find attached all revisions that were requested on paperwork previously submitted.

In the previous paperwork submitted I had enclosed a check for $96.25, which I would like to apply towards the filing fee for the enclosed paperwork. Please issue me a check for the remaining balance.

Michael Hollander
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bob Hollander 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:

Michael Hollander
(Name of Person)

Bob Hollander Associates, Inc.
(Firm/Company)

224 Datura Street, Suite 914
(Address)

West Palm Beach, FL 33401
(City/State and Zip code)

For further information concerning this matter, please call:

Michael Hollander at (516) 639-2639
(Name of Person) (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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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03 DEC -2 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, 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. Bob HOLLANDER ASSOCIATES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

HOLLANDER ASSOCIATES
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York (State or country under the law of which it is incorporated)

3. _____ (FEI number, if applicable)

4. 9/10/1982 (Date of incorporation)

5. Perpetual (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. 2100 Middle Country Rd., Centereach, NY 11720
(Principal office address)

2100 Middle Country Rd., Centereach, NY 11720
(Current mailing address)

8. Manufacture Representatives
(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: Michael HOLLANDER

Office Address: 224 Datura Street Suite 914

West Palm Beach (City), Florida 33401 (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.

_____
(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:**

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Robert HOLLANDER

Address: 10807 Royal Devon Way
Lake Worth, FL 33467

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Michael HOLLANDER

Address: 2100 Middle Country Rd.
Centereach, NY 11720

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. _____
(Signature of Director or Officer listed in number 12 of the application)

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

State of New York) ss:
Department of State

I hereby certify, that the Certificate of Incorporation of BOB HOLLANDER ASSOCIATES, INC. was filed on 09/10/1982, 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:

A Biennial Statement was filed 05/07/1993.

A Biennial Statement was filed 10/28/1993.

A Biennial Statement was filed 11/05/1998.

A Biennial Statement was filed 09/12/2000.

A Biennial Statement was filed 08/30/2002.

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 23rd day of October two thousand and three.

Secretary of State

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