

FD4000000826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

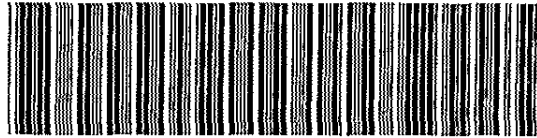
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*Redefining Receivables Management*

January 16, 2004

Florida Department of State  
Corporations Division  
P.O. Box 409 E. Gaines Street  
Tallahassee, Florida 32399

Reference: Vengroff Williams & Associates EMEA, Inc.

To Whom It May Concern:

Enclosed please find our Application to register the above-referenced entity to transact business in the state of Florida and an original Certificate of Existence along with a check in the amount of \$87.50 for filing. If you have any further questions or instructions please feel free to contact our office.

Thank you in advance for your cooperation and consideration.

Sincerely,

A handwritten signature in cursive script that reads 'Tricia L. Gallagher'.

Tricia L. Gallagher  
Compliance Assistant/Notary Public  
Foreign Language Specialist

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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. Vengroff, Williams & Associates EMEA, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Delaware 3. 74-3112341  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/10/03 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. 2211 Fruitville Rd. Sarasota, Florida 34237  
(Principal office address)

2211 Fruitville Rd. Sarasota, Florida 34237  
(Current mailing address)

8. Asset Management  
(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: Harvey Vengroff

Office Address: 2211 Fruitville Rd

Sarasota, Florida 34237  
(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.*

  
(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: Please see attached list of Officers and Directors

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

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. \_\_\_\_\_

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

14. **Harvey Vengroff, COB**

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

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ADDRESS CITY STATE

DATE

PERCENT OF OWNERSHIP

DIRECTOR EXPERIENCE YEARS

OFFICE	NAME	SSN	DOB	ADDRESS	CITY	STATE	DATE	PERCENT OF OWNERSHIP	DIRECTOR EXPERIENCE YEARS
COB	Harvey Vengroff			5135 Riverwood Ave	San Diego	CA	3/4 FEB - 3 AM 10:39	35%	38
CEO - CFO	Robert G. Williams			3615 Hidden River Road	San Diego	CA		20%	20
President	Mark K. Vengroff			1 Cavalier Dr	Newport Coast	CA		15%	17
V-President	Joel H. Vengroff			1 Bankside Dr.	Centerport	NY		15%	16
Secretary	Kristy L. Vengroff			255 Woodbine Ave.	Northport	NY		10%	4
CTO	Gabe V. Torek			14 Arrowood Dr	St James	NY		5%	15

# Delaware

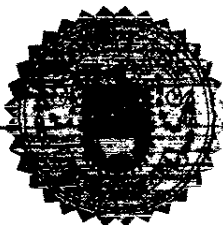
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VENGROFF, WILLIAMS & ASSOCIATES EMEA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VENGROFF, WILLIAMS & ASSOCIATES EMEA, INC." WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2878062

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DATE: 01-20-04