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04 FEB -2 AM 11:24  
CLERK OF COURT  
DIVISION OF CORPORATIONS

7p

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PETER LUPO 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:

Peter Fulfree

(Name of Person)

Peter Lupo Associates, Inc.

(Firm/Company)

P.O. Box 609

(Address)

Millwood, New York 10546

(City/State and Zip code)

For further information concerning this matter, please call:

Peter Fulfree

(Name of Person)

at ( 914 ) 941-9432

(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

W 04-8594

04 APR -2 PM 11:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 2, 2004

PETER FULFREE  
PETER LUPO ASSOCIATES, INC.  
PO BOX 609  
MILLWOOD, NY 10546

SUBJECT: PETER LUPO ASSOCIATES, INC.  
Ref. Number: W04000008594

We have received your document for PETER LUPO ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 504A00013998

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DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE



**Peter Lupo Associates, Inc.**

*Receivables and Collection Specialists*

Member of the American Collectors Association  
NYC DCA License No. 1103205

March 30, 2004

Lee Rivers  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Peter Lupo Associates, Inc.  
Letter No. 504A00013998

Dear Lee Rivers,

Thank you for responding to our application to register Peter Lupo Associates, Inc. as a foreign corporation doing business in the State of Florida. Per your requirements, I have enclosed our application and have obtained a certified letter attesting to the existence of our company.

Should you have any further questions regarding Peter Lupo Associates, Inc., I can be reached at 914-941-9432 during business hours.

I appreciate your assistance in this matter.

Yours truly,

Peter Fulfree  
President

Encl.

04 APR -2 AM 11:24  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**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. **Peter Lupo Associates, 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. **New York**

(State or country under the law of which it is incorporated)

3. **06-1559703**

(FEI number, if applicable)

4. **10-13-99**

(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. **576 Kimball Avenue, Yonkers, NY 10704**

(Principal office address)

**P.O. Box 609, Millwood, NY 10546**

(Current mailing address)

8. **Conduct business as a collection agency**

(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: **Edward C. LaBrecque, CPA**

Office Address: **1202 Nebraska Avenue**

**Palm Harbor**

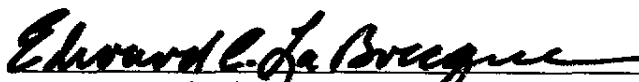
(City)

, Florida **34683**

(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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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**A. DIRECTORS**

Chairman: **Peter J. Fulfree**

Address: **37 Deertree Lane**

**Briarcliff Manor, New York 10510**

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

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

Director: **Linda L. Fulfree**

Address: **37 Deertree Lane**

**Briarcliff Manor, NY 10510**

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

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

**B. OFFICERS**

President: **Peter Fulfree**

Address: **37 Deertree Lane**

**Briarcliff Manor, NY 10510**

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

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

Secretary: **Linda L. Fulfree**

Address: **37 Deertree Lane, Briarcliff Manor, NY 10510**

Treasurer: **Linda L. Fulfree**

Address: **37 Deertree Lane, Briarcliff Manor, NY 10510**

**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. **Peter J. Fulfree, President**  
(Typed or printed name and capacity of person signing application)

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NEW YORK STATE  
DEPARTMENT OF CORPORATIONS

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

I hereby certify, that the Certificate of Incorporation of PETER LUPO ASSOCIATES, INC. was filed on 10/13/1999, 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 25th day of March  
two thousand and four.*



*Secretary of State*

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DIVISION OF CORPORATIONS  
STATE OF NEW YORK