

F04000002846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

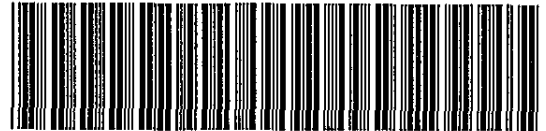
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SECURE ASSET STRATEGIES, 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:

STEVEN VITARIUS

(Name of Person)

SECURE ASSET STRATEGIES

(Firm/Company)

21346 ST. ANDREWS BLVD # 213

(Address)

BOCA RATON, FL 33433

(City/State and Zip code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

STEVEN VITARIUS

(Name of Person)

at ( 561 ) 289-3639

(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**

*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. SECURE ASSET STRATEGIES, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. DELAWARE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 20 FEB 2004 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. 21346 ST. ANDREWS BLVD. #213 BOCA RATON FL 33433  
(Principal office address)

SAME  
(Current mailing address)

8. CONSULTING SERVICES  
(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: STEVEN R. VITARIUS

Office Address: 8165 COPENHAGEN WAY

BOCA RATON, Florida 33434  
(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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**A. DIRECTORS**

Chairman: STEVEN R. VITARIUS

Address: 21346 ST. ANDREWS BLVD. #213

BOCA RATON, FL 33433

Vice Chairman: - - -

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

Director: - - -

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

Director: - - -

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

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SECRETARY OF CORPORATIONS  
DIVISION  
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**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. *Steven R. Vitarius*

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

14. STEVEN R. VITARIUS, PRESIDENT

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

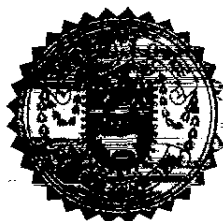
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURE ASSET STRATEGIES, 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2004.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 13 AM 11:01



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3767356 8300

AUTHENTICATION: 3076264

040305359

DATE: 04-27-04