

F04 000002998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

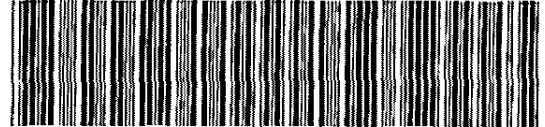
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: STRATEGIC ADVANTAGE 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:

**LAUREN IRWIN-SZOSTAK**

(Name of Person)

**STRATEGIC ADVANTAGE ASSOCIATES INC**

(Firm/Company)

**P O BOX 837**

(Address)

**PINEBROOK, NJ 07004**

(City/State and Zip code)

For further information concerning this matter, please call:

**LAUREN IRWIN-SZPSTAK**

(Name of Person)

at ( **800** ) **470-6622**

(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

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04 MAY 24 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. STRATEGIC ADVANTAGE 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 JERSEY**

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

**3. 22-3475544**

(FEI number, if applicable)

**4. OCTOBER 18, 1995**

(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. 9 LAW DRIVE, 2ND FLOOR; FAIRFIELD, NJ 07004**

(Principal office address)

**P O BOX 837 PINEBROOK NJ 07058**

(Current mailing address)

**8. DEBT COLLECTION THROUGH INTERSTATE COMMUNICATION MEANS**

(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 accepted)**

Name: **BETH BERKOWITZ**

Office Address: **10160 COLLINS AVE. SUITE 103N**

**BAL HABOUR**

(City)

, Florida **33154**

(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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SEC. OF STATE  
TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

Chairman: **LAUREN IRWIN-SZOSTAK**

Address: **9 LAW DRIVE, 2ND FLOOR**

**FAIRFIELD, NJ 07004**

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

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

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

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

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

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

**B. OFFICERS**

President: **LAUREN IRWIN-SZOSTAK**

Address: **9 LAW DRIVE, 2ND FLOOR**

**FAIRFIELD, NJ 07004**

Vice President: **LOUIS FRANK SZOSTAK**

Address: **SAME AS ABOVE**

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. **LAUREN IRWIN-SZOSTAK ( PRESIDENT&CEO )**

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

**FILED**  
04 MAY 24 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING**

**STRATEGIC ADVANTAGE ASSOCIATES, INC.  
0100642762**

*I, the Treasurer of the State of New Jersey, do  
hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on October 18, 1995.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

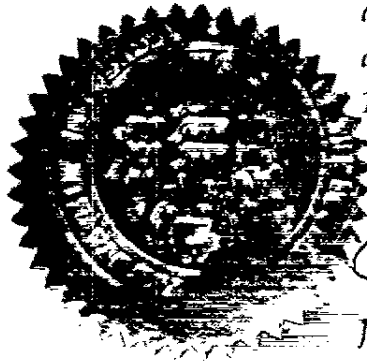
*Lauren A Irwin-Szostak  
9 Law Dr  
Fairfield, NJ 07004*

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

STRATEGIC ADVANTAGE ASSOCIATES, INC.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
12th day of May, 2004



*John E. McCormac*

John E McCormac, CPA  
State Treasurer