# F05000007464

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)	<u> </u>	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of	Status	
Special Instructions to Filing Officer:		
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SECRETATION OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations	ve
SUBJECT: LEMOINE INVESTMENTS, INC.	
(Name of corporation	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," and check are submitted to registransact business in Florida.	thorization to Transact Business in Florida," ster the above referenced foreign corporation to
Please return all correspondence concerning this matter to	the following:
LOUIS M. MEINERS, JR.	
(Name of Pers	son)
ADVOCATE CONSULTING	
(Firm/Compa	ny)
9229 DELEGATES ROW, SUITE 245	
(Address)	
INDIANAPOLIS, IN 46240	
(City/State and Zi	p code) XXX D
For further information concerning this matter, please call	FILED DEC 21 AM
RACHEL HALL at (317) 581	
(Name of Person) (Area Coo	le & Daytime Telephone Number) 🤤
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	8.75 Filing Fee & Sertified Copy Sertified Copy 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.	LEMOINE INV	ESTMENT:	s, INC.								
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"										
	"Inc.," "Co.," "Cor	p," "Inc," "C	o," or "Corp.")								
	(If name unavaila	ble in Florida	, enter alternat	e corporate na	me adopt	ed for the p	urpose of	transactin	g busines	s in Flo	rida)
2	DELAWARE				3 22-3	3441618					
۷.	(State or country	under the law	of which it is	incorporated)	J. <u>EL (</u>		FEI numbe	r, if appli	cable)		
	•			. ,		`		•	·		
4.	APRIL 19, 1					PETUAL ration: Year	<u> </u>				- I'')
		(Date of inco	rporation)		(Dui	ation: Year	corp. wiii	cease to	exist or	perpetu	ai')
6.	DECEMBER 8,					·			<del> </del>		
		(1)	ate first transa	cted business	in Florida	, if prior to	registratio	on)			
		(SEE SE	ECTIONS 607.	1501 & 607.1	502, F.S.,	to determin	ne penanty	навину)	Z:S	05	
7.	203 LOOKOUT	PLACE,	SUITE A,	MAITLAN	D, FL	32751			돈용	. PF	
				(Principal	office add	ress)		•	38	N	77.
	203 LOOKOUT	PLACE,	SUITE A,	MAITLAN	D, FL	32751					
			-	(Current m	ailing add	ress)			EX.	#=:	J
										==	
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٠.			oration authori	zed in home s	tate or co	untry to be	carried ou	t in state o	of Florida	)	
^	NT	- 4 d CT	Zlazida magista	rad agants (E	O Day	NOT cook	ntoblo)				
у.	Name and street	address of r	Torida registe	red agent. (r	.O. box	NOT acce	ptaolej				
	Name:	LOUIS M	. MEINERS	, JR.							
					~******						
Oi	ffice Address:	3073 HOR	SESHOE DRIV	E SOUTH, :	SUITE Z.	10		.**			
		NAPLES				, Florida <u>3</u>	4104				_
			(City)				(Zip code	;)			
10	Dogistored ocon	t <sup>2</sup> c occoptor	001								

#### 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 agreet 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:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: LINDA G.T. PARKS
Address: 203 LOOKOUT PLACE, SUITE A
MAITLAND, FL 32751
Director:
Address:
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B. OFFICERS
B. OFFICERS  President: ERAN WAJSWOL
Address: 232 CLINTON STREET
HOBOKEN, NJ 07030
Vice President: LAWRENCE D. ROSS GEORGE L. HAYES III
Address: 325 COLUMBIA TURNPIKE 5959 CENTRAL AVE., SUITE 201
FLORHAM PARK, NJ 07932 ST. PETERSBURG, FL 33710
Secretary:
Address:
Treasurer: LINDA G.T. PARKS
Address: 203 LOOKOUT PLACE, SUITE A, MAITLAND, FL 32751
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
13. (Simulation of State of St
(Signature of Director or Officer listed in number 12 of the application) 14. LINDA G.T. PARKS, TREASURER
(Typed or printed name and capacity of person signing application)

## Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEMOINE INVESTMENTS, 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 EIGHTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEMOINE INVESTMENTS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF APRIL, A.D. 1996.

Darriet Smith Windson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4356181

DATE: 12-08-05

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