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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

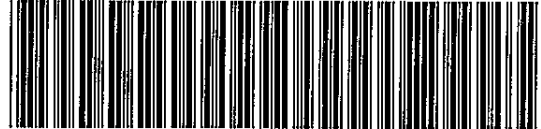
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100058283881

7:40:00 PM JAN 20 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Frantz Ciceron & 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:

Frantz Ciceron  
(Name of Person)

Frantz Ciceron & Associates, Inc.  
(Firm/Company)

2174 Nostrand Avenue, 2nd Floor,  
(Address)

Brooklyn, NY, 11210  
(City/State and Zip code)

For further information concerning this matter, please call:

Zoe Samuel at ( 718 ) 434-3125  
(Name of Person) (Area Code & 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:

- ☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2005

FRANTZ CICERON  
FRANTZ CICERON & ASSOCIATES, INC.  
2174 NOSTRAND AVE - 2ND FLOOR  
BROOKLYN, NY 11210

SUBJECT: FRANK<sup>FR</sup> CICERON & ASSOCIATES, INC.  
Ref. Number: W05000057099

We have received your document for FRANK CICERON & ASSOCIATES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with 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) 245-6855.

Tammy Hampton  
Document Specialist

Letter Number: 705A00074207

RECEIVED  
06 JAN 19 PM 3:32  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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. Frantz Ciceron & 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 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Feb. 1998 5. N/A Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. July 2005  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9050 Pines Blvd. Suite 415 Pembroke Pines, FL 33024  
(Principal office address)  
2174 Nostrand Avenue, 2nd fl, Brooklyn, NY 11210  
(Current mailing address)

8. Origination of Mortgage Loans  
(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 NOT acceptable)

Name: George Jarbath

Office Address: 9050 Pines Blvd. Suite 415  
Pembroke Pines, Florida 33024  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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**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.*

x George R. Jarbath  
(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: Frantz Ciceron

Address: 2174 Nostrand Avenue, 2nd Floor  
Brooklyn, NY, 11210

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

Address: \_\_\_\_\_  
N A

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

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

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

Address: \_\_\_\_\_  
N A

**B. OFFICERS**

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

x 13. Frantz Ciceron  
(Signature of Director or Officer listed in number 12 of the application)

14. Frantz Ciceron - President  
(Typed or printed name and capacity of person signing application)

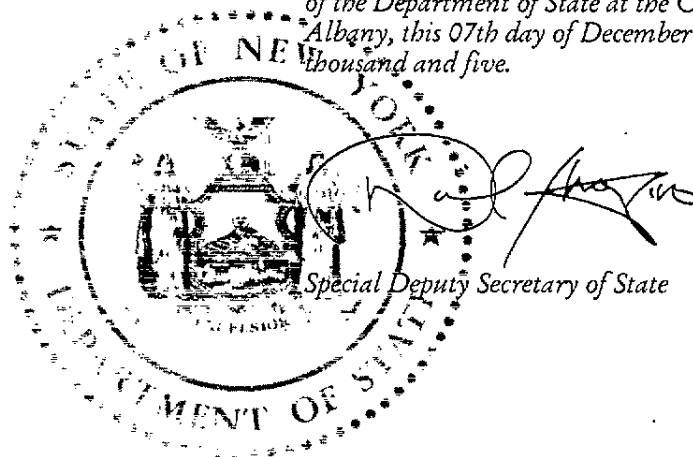
**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of FRANTZ CICERON & ASSOCIATES, INC. was filed on 02/17/1998, 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 an existing corporation.

The Biennial Statement is past due.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 07th day of December two  
thousand and five.*



*Special Deputy Secretary of State*

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