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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

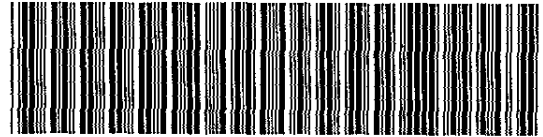
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton | JAN 25 2008

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** POLIK MANAGEMENT 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:

Richard Aronsky  
(Name of Person)  
Richard Aronsky P.A.  
(Firm/Company)  
16850 Collins Ave Suite 105  
(Address)  
Sunny Isles, Florida 33160  
(City/State and Zip code)

For further information concerning this matter, please call:

Richard Aronsky at (305) 692 5307  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**RICHARD A. ARONSKY, P.A.**  
ATTORNEY AT LAW

SPECIALIZING IN REAL ESTATE,  
ESTATE PLANNING,  
PROBATE AND PERSONAL INJURY

16850 COLLINS AVENUE, SUITE 105  
SUNNY ISLES BEACH, FLORIDA 33160-4290  
(305) 692-5307  
FAX (305) 692-5310  
E-MAIL: raronsky@aronskylaw.com

January 19, 2006

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

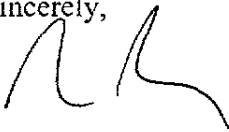
To Whom It May Concern:

Enclosed please find the following:

1. Cover Letter;
2. Completed Application;
3. Original Certificate of Existence;
4. Check No. 6256 in the amount of \$87.50 for filing fees.

Thank you for your consideration in this matter. Please call 305-692-5307 if there are any questions

Sincerely,



Richard A. Aronsky, Esq.

Enclosures (6)

RAA/ph

**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. POLIC MANAGEMENT INCORPORATED  
(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 3. 22-249-7648  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/06/1975 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. PO Box 1245 BELLMORE, NJ 07710  
(Principal office address)

PO Box 1245 BELLMORE, NJ 07710  
(Current mailing address)

8. Own and manage real estate in Florida  
(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: Richard H ARONSKY, P.A.  
Richard A Aronsky P.A.

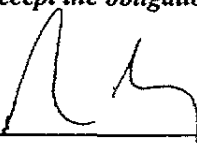
Office Address: 16850 Collins Ave Suite 105  
Sunny Isles, Florida 33160  
(City) (Zip code)

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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.*

  
(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: Alfred Khazzan

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: ALFRED KHAZZAN, President, Vice President, Secretary & Treasurer

Address: 18 BRISTOL DRIVE  
NORTH HILLS, NY 11030

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. Alfred N. Khazzan  
(Signature of Director or Officer listed in number 12 of the application)

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

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

POLK MANAGEMENT INC.  
0100005082

*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 6, 1975.*

*As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):*

*1999*

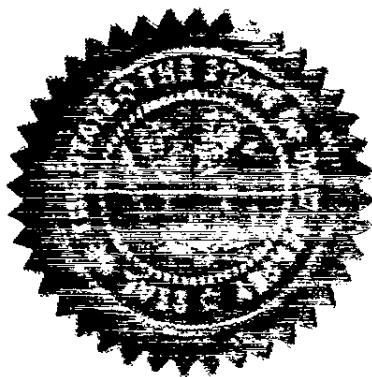
*I further certify that the registered agent and registered office are:*

*Alfred Khazzam  
C/O Robert Greenberg  
425 59th Street  
West New York, NJ 07093*

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

POLK MANAGEMENT INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
2nd day of December, 2005

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA  
State Treasurer