# F060000002002

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



400068037004

199/17/176-1110/1--0-8 \*\*TP 75

2006 MAR 29 PM 2: 53
SECRETARY OF STATE
AND ASSEFT FLORIDA

13010-13093 TI

T. Hampton MAR 2 9 2006

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Stormville Septic Care Pro	oducts, Inc.	
(Name of corporation -		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," and check are submitted to regis transact business in Florida.		
Please return all correspondence concerning this matter to t	he following:	
Arnold Moskowitz		
(Name of Per	son)	
Stormville Septic Care Products, I	nc.	
(Firm/Compa	ny)	
P.O. Box 1024		
(Address)		
Tallevast, FL 34270		
(City/State and	Zip code)	
For further information concerning this matter, please call:		
Linda Heller at (941)	309-3947	
	e & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAH ING ADDRESS.	
New Filing Section	MAILING ADDRESS: New Filing Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
	3.75 Filing Fee & S87.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2006

ARNOLD MOSKOWITZ STORMVILLE SEPTIC CARE PRODUCTS, INC. P O BOX 1024 TALLEVAST, FL 34270

SUBJECT: STORMVILLE SEPTIC CAR PRODUCTS, INC.

Ref. Number: W06000013073

We have received your document for STORMVILLE SEPTIC CAR PRODUCTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Letter Number: 406A00018399

Tammy Hampton **Document Specialist** 

#### 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. Stormvill	e Septic Care Products,	Inc.		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
inc., co., co	orp, like, co, or corp. )			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)	
<sub>2.</sub> New Yor	k 3.	14-1783105		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable	:)	
4. 06/12/95	5.	Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
6. March 1,	2006			
		n Florida, if prior to registration)		
P.O. Box	1024, Tallevast, FL 342	502, F.S., to determine penalty liability)		
7. F.O. DOX	(Principal office add			
PO Boy	1024, Tallevast, FL 342	,		
1 .O. DOX	(Current mailing add			
	(Caroni maning acc			
8. Internet S	Sales			
(Purpose(s	) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	7. 2	
9. Name and stree	t address of Florida registered agent: (P.0	O. Box NOT acceptable)		
Name:	Arnold Moskowitz		2006 MAR 29 SECRETARY ALLAHASSI	I
Office Address:	4426 65th Terrace E		111	1
	Sarasota	, Florida 34243 (Zip code)	PH 2: 53	p processor.
	(City)	(Zip code)		
10. Registered as	ent's accentance:		5. <b>W</b>	

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: Arnold Moskowitz Address: 4426 65th Terrace E Sarasota, FL 34243 Vice Chairman: Address. Address: B. OFFICERS President: Arnold Moskowitz Address: 4426 65th Terrace E Sarasota, FL 34243 Vice President: Address: \_\_\_\_\_ Secretary: Arnold Moskowitz Address: 4426 65th Terrace E, Sarasota, FL 34243 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 2 of the application) 14 Arnold Moskowitz, 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 STORMVILLE SEPTIC CARE PRODUCTS, INC. was filed on 06/12/1995, 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 03rd day of March two thousand and six.

Special Deputy Secretary of State

200603060126 37