

**F0600000 4193**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

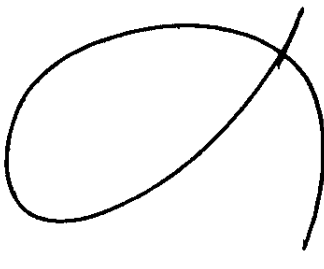
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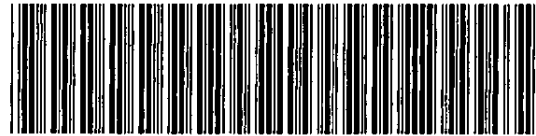
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
06 JUN 16 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Associated Pension Consultants Inc- APC FLORIDA, 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:

Paul J. Petras, Esq.

(Name of Person)

(Firm/Company)

60 Hillside Avenue

(Address)

Manhasset, New York 11030

(City/State and Zip code)

For further information concerning this matter, please call:

Paul J. Petras, Esq.

(Name of Person)

at ( 516 ) 869-8866

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2006

PAUL J. PETRAS, ESQ.  
60 HILLSIDE AVENUE  
MANHASSET, NY 11030

SUBJECT: APC FLORIDA, INC.  
Ref. Number: W06000022134

We have received your document for APC FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6934.

Loria Poole  
Document Specialist

Letter Number: 306A00033818

TEL. (516)869-8866

FAX (516)869-8001

*Paul J. Petras*  
ATTORNEY AT LAW  
60 HILLSIDE AVENUE  
MANHASSET, NEW YORK 11030  
E-MAIL: paul@petraslaw.com

RECEIVED

06 JUN 13 PM 2:14

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 6, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314  
Attention: Loria Poole

RE: Associated Pension Consultants Inc.  
File Number: W06000022134

Dear Ms. Poole:

In reference to our conversation of today, enclosed kindly find the documents which were returned to our office. As you will see, the name has been changed to APC Pension Inc.

Thank you for your cooperation. If you have any further questions or concerns, please do not hesitate to telephone.

Very truly yours,

*Paul J. Petras*  
PAUL J. PETRAS *e*

PJP:klm  
encls.

**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. Associated Pension Consultants Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

APC Pension Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 11-3271022  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 21, 1995 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1211 N. Westshore Boulevard, Suite 202, Tampa, Fl. 33607  
(Principal office address)

50 Jackson Avenue, 3rd Floor, Syosset, New York 11791  
(Current mailing address)

8. pension offices  
(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: Warren Simon

Office Address: 1211 N. Westshore Blvd., Ste. 202

Tampa, Florida 33607  
(City) (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.

**FILED**  
06 JUN 16 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Warren Simon

Address: 1211 N. Westshore Blvd., Ste. 202, Tampa, Fl. 33607

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

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

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

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

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

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

**B. OFFICERS**

President: Warren Simon

Address: 1211 N. Westshore Boulevard, Suite 202, Tampa, Florida 33607

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. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Warren Simon, 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 ASSOCIATED PENSION CONSULTANTS INC. was filed on 06/21/1995, 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. I further certify the following:

A Biennial Statement was filed 06/19/1997.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 25th day of April  
two thousand and six.*

Daniel Shapiro  
Special Deputy Secretary of State