

# FOLD00000004670

**Florida Department of State  
Division of Corporations  
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**To:**  
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Fax Number : (850)205-0381

**From:**  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

**knickman associates, inc.**

Certificate of Status	0
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*Handwritten signature and date: 7/13/06*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 12, 2006

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: KNICKMAN ASSOCIATES, INC.  
REF: W06000030629

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

FAX Aud. #: W06000176488  
Letter Number: 506A00044832

P.O. BOX 6327 - Tallahassee, Florida 32314

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDAIN 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. Knickman Associates, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. New York, USA  
(State or country under the law of which it is incorporated)
3. 11-2854480  
(FBI number, if applicable)
4. 2/23/87  
(Date of incorporation)
5. Perpetual  
(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. 111 Cherry Valley Avenue, #910W  
(Principal office address)  
Garden City, N.Y. 11530-1570  
(Current mailing address) — same as above principal office address
8. develop, lease, rent, buy and sell real estate.  
(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: JAY KOENIGSBERG  
Office Address: 1200 Brickell Avenue, Suite 1500  
MIAMI, Florida 33131  
(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.

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

## A. DIRECTORS

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

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

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

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

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

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

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

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

## B. OFFICERS

President: Robert L. KnickmanAddress: 111 Cherry Valley Ave # 9104Garden City New York 11530

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. Robert L. Knickman President  
(Signature of Director or Officer listed in number 12 of the application)14. Robert L. Knickman President  
(Typed or printed name and capacity of person signing application)FILED  
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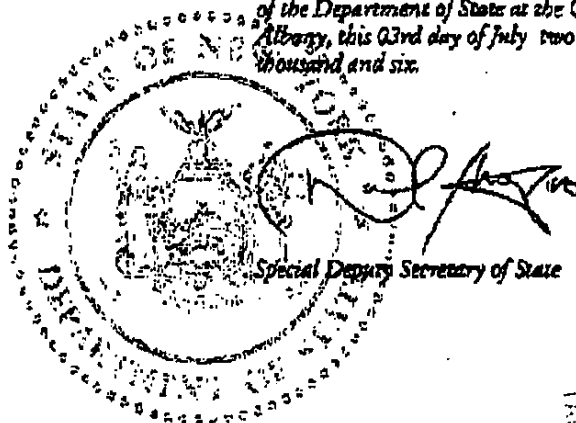
**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of KNICKMAN ASSOCIATES, INC. was filed on 02/23/1987, 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.

\*44

WITNESS my hand and the official seal  
 of the Department of State at the City of  
 Albany, this 03rd day of July two  
 thousand and six.



*[Signature]*  
 Special Deputy Secretary of State

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