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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	w Filing Section vision of Corporations		
SUBJECT:	r: LoVullo Associates, Inc.		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(Name of corporation - must include suf	ffix)	
Dear Sir or M	Madam:		
"Certificate of	ed "Application by Foreign Corporation for Authorization to Trace of Existence," and check are submitted to register the above resistences in Florida.		
Please return	rn all correspondence concerning this matter to the following:		
Hailey O	Overby		
	(Name of Person)		
Kennedy	dy Licensing Service, Inc.		
	(Firm/Company)		
2501 The	homas Ave		
	(Address)		
Dallas, T	TX 75201	•	
	(City/State and Zip code)		
For further in	information concerning this matter, please call:		
Hailey-O	Overby at (214) 855-0737	,	
	(Name of Person) (Area Code & Daytime Telephone Number)		
New Divi Clift 2661	ew Filing Section New Filing Vision of Corporations Division ifton Building P.O. Box	IG ADDRESS: ng Section of Corporations 6327 nee, FL 32314	
Enclosed is a	s a check for the following amount:	•	
\$70.00 Fil	Filing Fee \$\bigcup \\$78.75 \text{ Filing Fee & \infty \\$78.75 \text{ Filing Fee } \text{Certified Copy}	& \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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. LoVullo As	ssociates, Inc.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busi	ness in Florida)	
2. New York	3	16-1014425		
	under the law of which it is incorporated)	(FEI number, if applicable	:)	
4. 06/28/73	5.	Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
6 UDA	n filmer			
11-0	` <u> </u>	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
₇ 6450 Trans	sit Rd. Depew NY 14043	1002, 1 101, to determine penalty manny)		
	(Principal office ad-	dress)		
same	•			
	(Current mailing ad	dress)		
8. Nonreside	ent Insurance Agency Sales	& Services		
(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Florida)	20 TA	
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2006 JUL SECRET	
Name:	John D. Hatch, Esquire	<u> </u>	છ≥ ∾	
Office Address:	1267 Berkshire Lane Suite	200	O AM RY OF SEE, F	
	Tarpon Springs,	, Florida 34688	4 9: 0	O
•	(City)	(Zip code)	음을 으	
10. Registered as	gent's acceptance:		P	

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: See Attached	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	2006 JUL SECRET TALLAH
President: See Attached	ARET
Address:	20 ARY SSE
	Fr. R
Vice President:	9: 0 TATE ORIT
Address:	DA .
Secretary:	
Address:	
Treasurer:	
Address:	
•	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the ar	polication)
Leonard LoVullo, President	nes-
(Typed or printed name and conscitu of person signing ann	ication

LoVullo Associates, Inc.

Stockholders, Officers and Directors

Leonard T. LoVullo 47.12% Stockholder President 2 Landing Creek Court Williamsville, NY 14221

Paul W. LoVullo 26.92% Stockholder Senior Vice President 6290 Creekbend Court Clarence Center, NY 14032

David W. Pietrowski 6.73% Stockholder Vice President 11 Cynthia Circle Orchard Park, NY 14127

Kevin J. LoVullo 6.73% Stockholder Director 610 Cottonwood Drive Williamsville, NY 14221

Elizabeth A. Bouskill 6.73% Stockholder 109 Fennec Lane East Amherst, NY 14051

Colleen P. Burns 5.77% Stockholder Assistant Secretary 685 Woodland Drive Kenmore, NY 14223 SECRETARY OF STATE

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

I hereby certify, that the Certificate of Incorporation of LOVULLO ASSOCIATES, INC. was filed on 06/28/1973, under the name of LOVULLO-MILLEMACI ASSOCIATES, INC., 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.

A Certificate of Amendment LOVULLO-MILLEMACI ASSOCIATES, INC., changing its name to LOVULLO ASSOCIATES, INC., was filed 01/15/1982.

> WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of June two

thousand and six.

pecial Deputy Secretary of State

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