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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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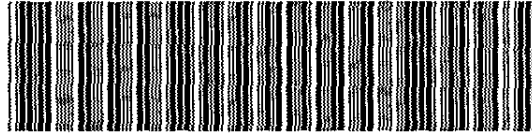
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 29 2006  
104-3448

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COS CONSULTING CORP.  
(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:

NATHAN COSENOWSKY  
(Name of Person)

COS CONSULTING CORP.  
(Firm/Company)

7901 LAKE SANDS DRIVE  
(Address)

DELRAY BEACH, FLORIDA 33446  
(City/State and Zip code)

For further information concerning this matter, please call:

NATHAN COSENOWSKY at (561) 495 6788  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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

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**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. COS CONSULTING CORPORATION  
(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 YORK STATE 3. 13-3514027  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 13, 1989 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED AT THIS TIME  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 LAKE SANDS DRIVE DELRAY BEACH FLORIDA 33446  
(Principal office address)

7901 LAKE SANDS DRIVE DELRAY BEACH FLORIDA 33446  
(Current mailing address)

8. SALE OF LIFE AND HEALTH INSURANCE  
(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: NATHAN COSNOWSKY

Office Address: 7901 LAKE SANDS DRIVE

DELRAY BEACH, Florida 33446  
(City) (Zip code)

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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.*

Nathan Cosnowsky  
(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: NATHAN COSNOWSKY

Address: 7901 LAKE SANDS DRIVE  
DELRAY BEACH FLORIDA 33446

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

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

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

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

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

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

B. OFFICERS

President: CORALIE COSNOWSKY

Address: 7901 LAKE SANDS DRIVE  
DELRAY BEACH FLORIDA 33446

Vice President: NATHAN COSNOWSKY

Address: 7901 LAKE SANDS DRIVE  
DELRAY BEACH FLORIDA 33446

Secretary: JAMIE COSNOWSKY

Address: 225 EAST 36<sup>TH</sup> STREET Apt 7D New York NY 10016

Treasurer: \_\_\_\_\_

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

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Nathan Cosnowsky  
(Signature of Director or Officer listed in number 12 of the application)

14. NATHAN COSNOWSKY VICE 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 COS CONSULTING CORPORATION was filed on 03/20/1989, 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.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 27th day of July two  
thousand and six.*



*Special Deputy Secretary of State*

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