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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

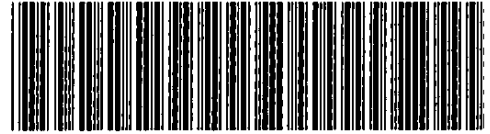
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06 DEC 11 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/16/06

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Apriore Associates 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:

Bruce L. Priore

(Name of Person)

Apriore Associates Inc.

(Firm/Company)

434 Pine Glen Lane - Unit C2

(Address)

Greenacres, FL, 33463

(City/State and Zip code)

For further information concerning this matter, please call:

Bruce L. Priore

(Name of Person)

at (561) 9682495

(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

FILED
06 DEC 11 AM 9:56
SECTION 6, STATE
TALLAHASSEE, FLORIDA

**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. Apriore Associates Inc.

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

Apriore Telecom Consulting Inc.

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

2. New York

(State or country under the law of which it is incorporated)

3. 11-3190065

(FEI number, if applicable)

4. 8/18/1993

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/2006

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

7. c/o Brough, 8222 Sarona Lane, Clay, NY, 13041

(Principal office address)

c/o Brough, 8222 Sarona Lane, Clay, NY, 13041

(Current mailing address)

8. Employee office in residence

(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: Bruce L. Priore

Office Address: 434 Pine Glen Lane - Unit C2

Greenacres

(City)

, Florida 33463

(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 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.

06 DEC 11 AM 9:56
RECORDED & INDEXED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bruce L. Priore

Address: 434 Pine Glen Lane - Unit C2

Greenacres, FL, 33463

Vice President: _____

Address: _____

Secretary: Melody Brough

Address: 8222 Sarona Lane, Clay, NY 13041

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. Bruce L. Priore - President

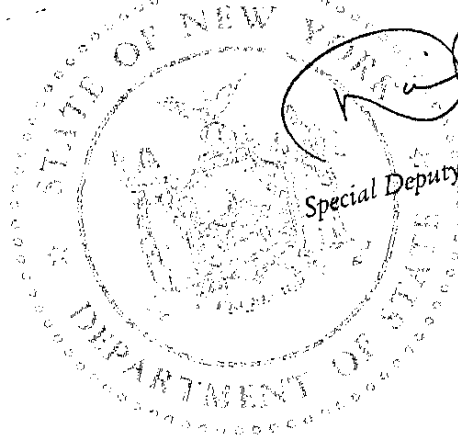
(Typed or printed name and capacity of person signing application)

SECTION 1
TALLAHASSEE
STATE
OF FLORIDA

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of APRIORE ASSOCIATES INC. was filed on 08/18/1993, 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 26th day of October two
thousand and six.



[Signature]
Special Deputy Secretary of State

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