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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Stoth Storick: Associates
(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:
Scott Storick
(Name of Person)
Scott Storick: Associates
(Firm/Company)
11220 Elm Lare, Suite 200
(Address)
- Char lotte (10 2827) EE E
(City/State and Zip code)
(City/State and Zip code) AE AZAR For further information concerning this matter, please call:
Scott Storce at (561 860 - 805) = (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Clifton Buildin
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy



June 26, 2007

SCOTT STORICK SCOTT STORICK & ASSOCIATES 11220 ELM LANE, SUITE 200 CHARLOTTE, NC 28277

SUBJECT: SCOTT STORICK & ASSOCIATES INC.

Ref. Number: W07000030197

We have received your document for SCOTT STORICK & ASSOCIATES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The date of incorporation listed in number four of your form must be idential to the date listed in the certificate of existence.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Letter Number: 307A00041804

Ruby Dunlap Regulatory Specialist

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. (Enter name of corporation; must include "INCORPORATED," "lhe.," "Co.," "Corp," "lne," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) Cegis? (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) Current mailing address) of corporation authorized in home state or country 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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,

_AX____

and I am familiar with and accept the obligations of my position as registered agent.

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:			2.5-		
Address:					
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Vice Chairman:				-	•
Address:					-
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Director:	Towns.			,,	
Address:		• -			
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Director:		*	· · · ·		
Address:				- 111-11	
					
n oppidend	# F F F F F F F F F F F F F F F F F F F	<u> </u>			Mar.
B. OFFICERS SCOTT STORICK			ZOI TAL		
President: OCOTT STOYICK	7			11	3.5
Address: QUIU 19. Ullu DIV	2012)		IL 24 TARY ASSE		
DOUL RUIDIL, FL	3343)			-111	• .
Vice President:					•• ·
Address:	V verest		<u> </u>		, ,,
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Secretary:	, , <u>, , , , , , , , , , , , , , , , , </u>	¥ 7.	·		
Address:					
Treasurer:	=		47 -		~
Address:	g garage	uk. 15		-	<u></u>
NOTE: If necessary, you may attach an addendum to the	e application listing a	additional officer	s and/or directors	•	
13. (Signature of Director or Officer li	sted in number 12 of	f the application)		·	Ç. we
14. Scott Starac.	Precide	Λ (-			
(Typed or printed name and capa	icity of person signir	ng application)			



NORTH CAROLINA Department of The Secretary of State

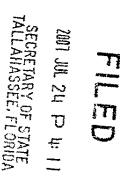
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SCOTT STORICK AND ASSOCIATES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of November, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of June, 2007.

Secretary of State

Elaine I. Marshall

Certification# 86845573-1 Reference# 8686529- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification