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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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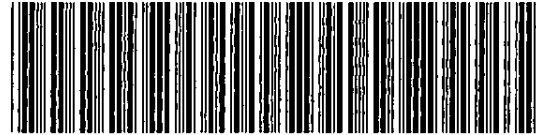
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE SIGMA GROUP OF AMERICA, 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:

SAMUEL LIEBGOLD, CPA

(Name of Person)

LIEBGOLD WUENSCH & ASSOCIATES LLP

(Firm/Company)

17 ARCADIAN AVENUE

(Address)

PARAMUS NJ 07652

(City/State and Zip code)

For further information concerning this matter, please call:

SAMUEL LIEBGOLD

(Name of Person)

at (201) 845-0222

(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

**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. **THE SIGMA GROUP OF AMERICA, INC.**

(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. **CONNECTICUT**

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

3. **06-1356724**

(FEI number, if applicable)

4. **12/01/1992**

(Date of incorporation)

5. **PERPETUAL**

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

6. **3/30/08**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **17080 HARBOUR POINTE DRIVE #1017 FORT MYERS, FLORIDA 33908**

(Principal office address)

17080 HARBOUR POINTE DRIVE #1017 FORT MYERS, FLORIDA 33908

(Current mailing address)

8. **MANAGEMENT CONSULTING**

(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: **DOUGLASS T. LIND**

Office Address: **17080 HARBOUR POINTE DRIVE #1017**

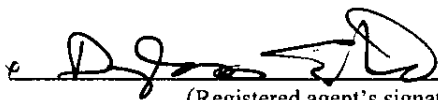
FORT MYERS, Florida **33908**

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: H. MITCHELL WATSON

Address: 6580 SE HARBOR CIRCLE

STUART, FL 34996-1952

Vice President: DOUGLASS T. LIND

Address: 17080 HARBOUR POINTE DRIVE #1017

FORT MYERS, FL 33908

Secretary: _____

Address: _____

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. DOUGLASS T. LIND, VICE PRESIDENT

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

SIGMA GROUP OF AMERICA, INC. THE

a domestic STOCK corporation, was filed in this office on December 04, 1992, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: June 26, 2008