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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: WINSTON & WINSTON P.C.	
(Name of corporati	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
JAY WINSTON	
(Name o	of Person)
WINSTON AND WINSTON F	P.C.
(Firm/C	ompany)
295 MADISON AVENUE SUI	TE 930
(Add	dress)
NEW YORK NY 10017	
(City/State	and Zip code)
For further information concerning this matter, please	call:
to taken mornano concerning and matter, prease	cui.
Jay Winston 212	532-2700 ext 1066
	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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



RECEIVED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2008

JAY WINSTON WINSTON AND WINSTON, P.C. 295 MADISON AVENUE, SUITE 930 NEW YORK, NY 10017

SUBJECT: WINSTON AND WINSTON, P.C.

Ref. Number: W08000032652

We have received your document for WINSTON AND WINSTON, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirement for imaging. Please do not resubmit this document unless the quality improves.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 808A00040524

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.

2. New York 3. 13-2769865 (State or country under the law of which it is incorporated) 4. 1/4/1974 5. Perpetual (Date of incorporation) (Duration: Year corp. w	iber, if applicable)
	iber, if applicable)
1/4/1974 5 Perpetual	
(Date of incorporation) (Duration: Year corp. w	vill cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to regist (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pen	
295 Madison Avenue New York NY 10017 STE 930	
(Principal office address)	
same as above	
(Current mailing address)	<u></u>
(Purpose(s) of corporation authorized in home state or country to be carried out in s	
(Purpose(s) of corporation authorized in home state or country to be carried out in s	state of Florida)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)) -
Name: Diana Reich	SECR
ffice Address: 3401 N. Lakeview Drive #113	≒ ₹
	SSE
Tampa Florida 33618	rii o
Tampa , Florida 33618 (City) (Zip cod	de)

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:
Directors
Director:
Address:
B. OFFICERS President: JAY WINSTON
Address: 295 MADISON AVENUE STE 930 , NEW YORK NY 10017
Vice President:
Address:
Secretary:
Address: 295 MADISON AVENUE SUITE 930 NEWGYORK NY 10017
Treasurer:
Address:
, tem 555.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. OFFICER: Jay Winston
(Typed or printed name and capacity of person signing application)

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

*

I hereby certify, that the Certificate of Incorporation of WINSTON & WINSTON, P.C. was filed on 01/04/1974, under the name of ARTHUR WINSTON P. C., 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 ARTHUR WINSTON P. C., changing its name to WINSTON & SHERMAN, P.C., was filed 01/23/1979.

A Certificate of Amendment WINSTON & SHERMAN, P.C., changing its name to WINSTON & MORRONE, P.C., was filed.07/24/1987.

A Certificate of Amendment WINSTON & MORRONE, P.C., changing its name to WINSTON & WINSTON, P.C. p was filed 07/10/1998.

> TNESS my hand and the official seal the Department of State at the City of Albany, this 18th day of June two

thousand and eight.

Special Deputy Secretary of State

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