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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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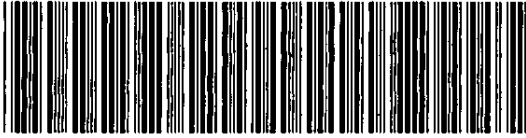
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Lazer, Aptheker, Rosella & Yedid, P.C.  
(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:

Ralph A. Rosella, Esq.  
(Name of Person)

Lazer, Aptheker, Rosella & Yedid, P.C.  
(Firm/Company)

225 Old Country Road  
(Address)

Melville, New York 11747  
(City/State and Zip code)

For further information concerning this matter, please call:

Ralph A. Rosella, Esq. at ( 631 ) 761-0800  
(Name of Person) (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. Lazer, Apthecker, Rosella & Yedid, P.C.

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

3. 11-3527773

(FEI number, if applicable)

4. 1/10/2000

(Date of incorporation)

5. Perpetual

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

6. January 2008

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

7. 225 Old Country Road, Melville, New York 11747

(Principal office address)

225 Old Country Road, Melville, New York 11747

(Current mailing address)

8. Law Firm

(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: Harvey Nussbaum, Esq.

Office Address: Bank of America Building, 2000 Glades Road, Suite 110

Boca Raton, Florida 33431

(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.

[Handwritten signature]

(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: The Corporation is managed by the shareholders per the Certificate of Incorporation

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

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

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

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

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

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

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

**B. OFFICERS**

President: Ralph A. Rosella, Esq.

Address: 225 Old Country Road  
Melville, New York 11747

Vice President: David Lazer, Esq., Samuel Yedid, Esq.

Address: 225 Old Country Road  
Melville, New York 11747

Secretary: Matthew Lamstein, Esq.

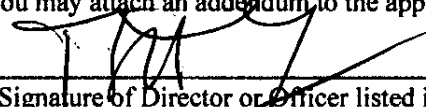
Address: 225 Old Country Road, Melville, New York 11747

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

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

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**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. Ralph A. Rosella, Esq., 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 LAZER, APTHEKER, ROSELLA & YEDID, P.C. was filed on 01/10/2000, under the name of LAZER, APTHEKER, FELDMAN, ROSELLA & YEDID, 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. I further certify the following:

A Certificate of Amendment was filed on 10/30/2000.

A Biennial Statement was filed 12/27/2001.

A certificate changing name to LAZER, APTHEKER, ROSELLA & YEDID, P.C. was filed on 09/30/2002.

A Biennial Statement was filed 01/15/2004.

A Biennial Statement was filed 02/17/2006.

A Biennial Statement was filed 01/11/2008.

A Biennial Statement was filed 02/08/2008.

I further certify, that no other documents have been filed by such Corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 12th day of August  
two thousand and eight.*

A handwritten signature in black ink, appearing to read "Daniel Shapiro".

Daniel Shapiro  
Special Deputy Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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