

F09000001213

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 3/25/09

W09000009329



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2009

JOHN LUONGO
4440 PGA BLVD., SUITE 600
PALM BEACH GARDENS, FL 33410

SUBJECT: PROTECTION ADVISORY PLUS SERVICE, INC.
Ref. Number: W09000009329

We have received your document for PROTECTION ADVISORY PLUS SERVICE, 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):

The incorporate date #4 must match the date on the certificate of existence.

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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 809A00006852

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09 MAR 23 AM 11:40

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROTECTION ADVISORY PLUS SERVICE, 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:

JOHN LUONGO

(Name of Person)

PROTECTION ADVISORY PLUS SERVICE, INC.

(Firm/Company)

4440 PGA BLVD, SUITE 600

(Address)

PALM BEACH GARDENS, FL 33410

(City/State and Zip code)

For further information concerning this matter, please call:

JOHN LUONGO

(Name of Person)

at (516) 992-3432

(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. PROTECTION ADVISORY PLUS SERVICE, INC.

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

PROTECTION ADVISORY, 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. 20-0245478

(FEI number, if applicable)

4. SEPT. 18, 2003

(Date of incorporation)

5. PERPETUAL

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

6. _____

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

7. 1225 FRANKLIN AVE, STE 325 ; GARDEN CITY ; NY 11530

(Principal office address)

4440 PGA BLVD , STE 600 ; PALM BEACH GARDENS ; FL 33410

(Current mailing address)

8. Investigation and Security

(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: JOHN LUONGO

Office Address: 4440 PGA BLVD, STE 600

PALM BEACH GARDENS, Florida 33410

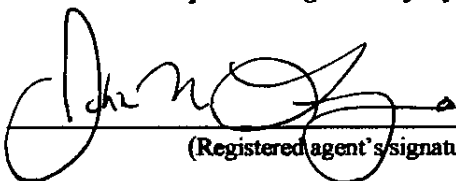
(City)

(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.



(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: ALLISON LUONGO

Address: 4440 PGA BLVD, STE 600

PALM BEACH GARDENS, FL 33410

Vice President: /CEO : JOHN LUONGO

Address: 4440 PGA BLVD, STE 600

PALM BEACH GARDENS, FL 33410

Secretary: N/A

Address: _____

Treasurer: N/A

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. JOHN N. LUONGO

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

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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PROTECTION ADVISORY PLUS SERVICE, INC. was filed on 09/18/2003, 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 21st day of November two
thousand and eight.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA