

FO9 00000 2011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

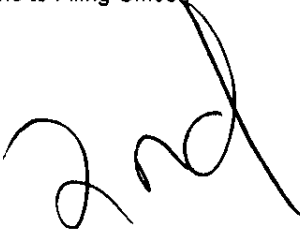
PICK-UP WAIT MAIL

(Business Entity Name)

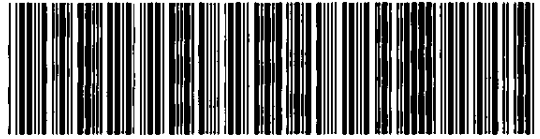
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers MAY 19 2009

STUYVESANT SQUARE ADVISORS, INC.
233 E. 17TH ST PH1
NEW YORK, NY 10003

To whom it may concern:

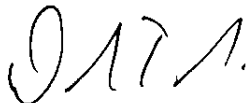
We are in the process of dissolving the formation of a new corporation in Florida. Instead we are submitting an application for authorization to transact business in Florida for an existing New York corporation using the same name, Stuyvesant Square Advisors, Inc.

We hereby notify you we are not planning to revoke the dissolution of the newly formed corporation and release the name Stuyvesant Square Advisors, Inc to the foreign corporation.

If you have any questions please call our accountant, Jay Soojian at 973-838-9400, extension 208.

Thanking you in advance,

David Tuvlin



Cc: Jay Soojian CPA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STUYVESANT SQUARE ADVISORS 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:

JAY SOOJIAN

Name of Person

CULLARI GALLO SOOJIAN CARRABBA, LLC

Firm/Company

170 KINNELON ROAD, SUITE 24

Address

KINNELON ROAD, NJ 07405

City/State and Zip code

JAY@CGSC-CPA.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JAY SOOJIAN

Name of Person

at (973) 838-9400

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. STUYVESANT SQUARE ADVISORS, 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. NEW YORK

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

3. 26-2549151

(FEI number, if applicable)

4. 04/28/2008

(Date of incorporation)

5. PERPETUAL

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

6. 05/04/2009

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

7. 233 E. 17TH ST PH 1, NEW YORK, NY 10003-3608

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. CONSULTING SERVICE

(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: FRANK KING

Office Address: 212 S. MAGNOLIA STREET, STE 204

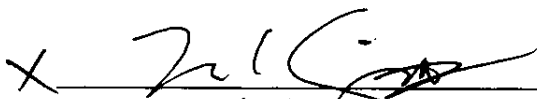
TAMPA, Florida 33606

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAVID TUVLIN

Address: 233 E. 17TH ST PH 1

NEW YORK, NY 10003-3608

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

X 13. DATA.

(Signature of Director or Officer listed in number 12 of the application)

X 14. DAVID TUVLIN

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

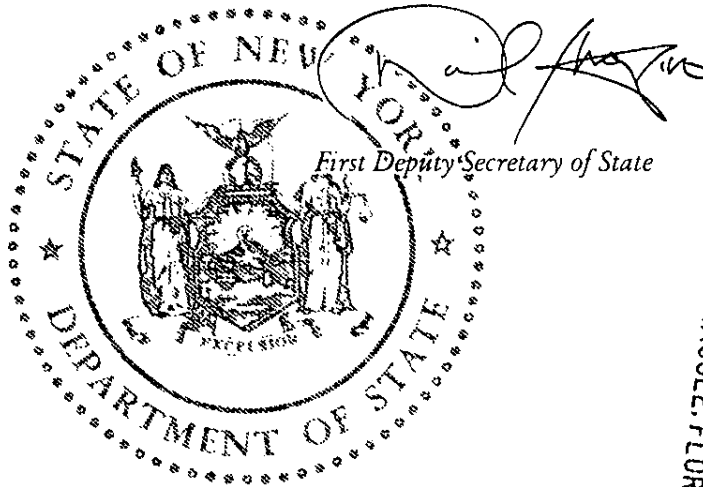
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TALLAHASSEE FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of STUYVESANT SQUARE ADVISORS, INC. was filed on 04/28/2008, 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 30th day of April two
thousand and nine.*

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