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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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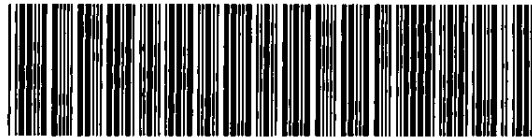
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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** HOME-TEAM RELOCATION, 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," or "Certificate of Good Standing" 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:

ERNEST COSHONIS

Name of Person

HOME-TEAM RELOCATION, INC.

Firm/Company

8273 SEVERN DRIVE, SUITE A

Address

BOCA RATON, FL 33433

City/State and Zip code

ERNIE@HOMETEAMRELOCATION.COM

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

For further information concerning this matter, please call:

ERNEST COSHONIS at (561) 482-4819

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. HOME-TEAM RELOCATION, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- HT RELO  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK 3. 11-3559771  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/12/00 5. PERPETUAL  
(Date of incorporation) (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. 200 OLD COUNTRY ROAD, SUITE 190, MINEOLA, NY 11501  
(Principal office address)
- 8273 SEVERN DRIVE, SUITE A, BOCA RATON, FL 33433  
(Current mailing address)
8. RELOCATION COUNSELING  
(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: ERNEST COSHONIS
- Office Address: 8273 SEVERN DR. SUITE A  
BOCA RATON, Florida 33433  
(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.

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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: ERNEST J. COSHONIS

Address: 8273 A SEVERN DRIVE

BOCA RATON, FL 33433

Vice President: VINCENT CARROLL

Address: 21 CORN TASSEL LANE

DANBURY, CT 06811

Secretary: PETER C. COTELIDIS

Address: 200 OLD GUNNY ROAD, SUITE 190, MINEOLA, NY 11550

Treasurer: JOHN PHILIS

Address: 20 ARBYLE ROAD, PORT WASHINGTON, NY 11050

**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. ERNEST J. COSHONIS

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

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

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I hereby certify, that the Certificate of Incorporation of HOME-TEAM RELOCATION, INC. was filed on 06/12/2000, 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 05th day of March two  
thousand and ten.*

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