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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	N
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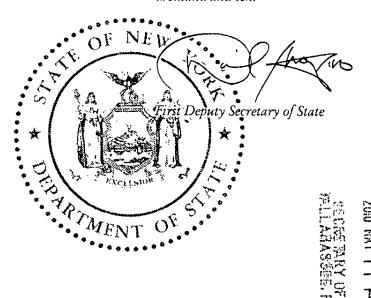
TO: New Filing Section Division of Corporations	
SUBJECT: Pressman Settlements Corporation	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of 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:	
Nancy Echeck	
Nancy Erbeck Name of Person	
Firm/Company	
3992 Haverstraw Drive	
Address	
Cincinnati, OH 45241 City/State and Zip code	
City/State and Zip code	
e-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alexander Grand Company	
Name of Person at (513) 403-2721 Area Code & Daytime Telephone Number	
Name of Ferson Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section Division of Corporations New Filing Section Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy	

12. Names and business addresses of officers and/or directors:	_
A. DIRECTORS	FILED
Chairman: Elizabeth B. Pressman	
Address: _218 Welling wood Drive	2010 MAY 17 P 12: 04
Address: <u>a18 Wellingwood</u> Drive East Amherst, NY 14051	MELLET PARY OF SHAFE
Vice Chairman:	· · FOKINA
Address:	
Director	400
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Elizabeth B. Pressman	
Address: 218 Wellingwood Drive	
East Amherst, NY 14051	
Vice President:	
Address:	
Addiess.	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offic	ers and/or directors
(Signature of Director or Officer listed in number 12 of the application	n)
14. Elizabeth B. Pressman, Owner Cha	irman President
(Typed or printed name and capacity of person signing application)	ar i i i i i i i i i i i i i i i i i i i

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PRESSMAN SETTLEMENTS CORP. was filed on 05/16/2005, 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 22nd day of April two thousand and ten.



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