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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

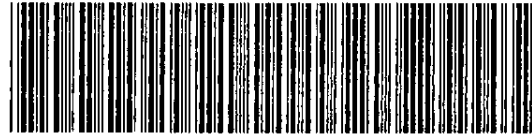
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

PS 3/16/11

## COVER LETTER

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

**SUBJECT:** ANTHONY ARNIERI & ASSOCIATES, 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:

ANTHONY J. ARNIERI

Name of Person

ANTHONY ARNIERI & ASSOCIATES, INC.

Firm/Company

9039 SHENENDOAH CIRCLE

Address

NAPLES, FLORIDA 34113-1664

City/State and Zip code

aa.a@att.net

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

For further information concerning this matter, please call:

ANTHONY ARNIERI at ( 239 ) 331-3570

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. **ANTHONY ARNIERI & ASSOCIATES, 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. **WISCONSIN** 3. **39-1395776**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **10-13-1981** 5. **PERPETUAL**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **MARCH 7, 2011**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **9039 SHENENDOAH CIRCLE NAPLES, FL 34113-1664**  
(Principal office address)

**9039 SHENENDOAH CIRCLE NAPLES, FL 34113-1664**  
(Current mailing address)

8. **MANAGEMENT CONSULTING**  
(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)

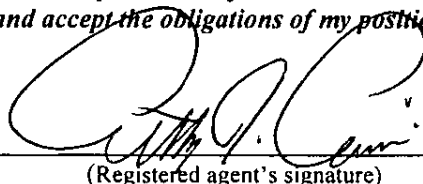
Name: **ANTHONY ARNIERI**

Office Address: **9039 SHENENDOAH CIRCLE**

**NAPLES**, Florida **34113-1664**  
(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: Anthony J. Arnieri

Address: 9039 Shenendoah Circle  
Naples, FL 34113-1664

Vice Chairman: None

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

Director: None

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

Director: None

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

**B. OFFICERS**

President: Anthony J. Arnieri

Address: 9039 Shenendoah Circle  
Naples, FL 34113-1664

Vice President: None

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

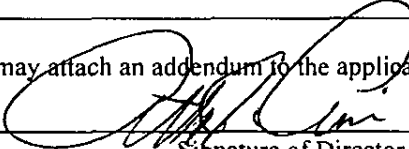
Secretary: Diane Peterson

Address: 9039 Shenendoah Circle Naples, FL 34113-1664

Treasurer: None

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

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

13.   
Signature of Director or Officer

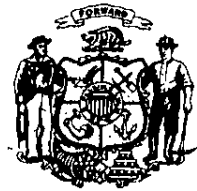
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Anthony J. Arnieri Chairman/President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

ANTHONY ARNIERI & ASSOCIATES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 13, 1981.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on February 23, 2011.

A handwritten signature of Ray Allen in black ink.

RAY ALLEN, Deputy Secretary  
Department of Financial Institutions

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MAR 14 PM 2:07  
SECRETARY OF STATE  
JANAISSA J. JORDAN

BY: A handwritten signature of Sandra Harris in black ink.

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

