# F11000002159

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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E Burch MAY 23 2011

## . COVER LETTER

TO:	New Filing Se Division of Co					
SUBJ	ECT:	OSBORNE	Asso	DCIATE	z, I	)c.
20-20		Name o	f corporat	ion - must inc	clude suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existen		of Good S	tanding" and	check are sub-	et Business in Florida," mitted to register the
Please	return all corres	spondence concernii	ng this mat	tter to the foll	lowing:	
		MARVIN	u lu	EIN ST	EN	
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	,	Osbl	1910	(3) a	ol-com	
		E-mail address	: (to be use	ed for future	annual report r	notification)
For fu	rther informatio	n concerning this m	atter, pleas	se call:		
	Name of Pers	V215 N	at ( 21	s <u>) 3</u>	5 V - 533 aytime Teleph	one Number
	New Filing So Division of Co Clifton Buildi	orporations ing ve Center Circle	S:		MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclo	sed is a check fo	or the following amo	ount:			
☐ <sup>a</sup>	670.00 Filing Fe	e \$78.75 Filing Certificate of		\$78.75 I Certifie	Filing Fee & d Copy	\$87.50 Filing Fee, Certificate of Status &



RECEIVE

11 HAY 20 AH 10: 12

WHICH OF CORPORA!

May 9, 2011

MARVIN WEINSTEIN PO BOX 521 WILLOW GROVE, PA 19090

SUBJECT: OSBORNE ASSOCIATES, INC.

Ref. Number: W11000025587

We have received your document for OSBORNE ASSOCIATES, 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):

Florida law requires the principal office address to be a street address.

The entity's date of incorporation/organization must be listed in the document.

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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 711A00011331

#### 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.	OSBURNE ASSOCIATES, INC.
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc" "Co.," "Corp," "Inc," "Co," or "Corp.")
	20 F
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida).
2.	7A 23-263805Y 管 5
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	FEBRURY 28, 1991 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)
	200 LAKESIDE DRIVE SUITE 224 HORSHAM RA 1904Y
7.	(Principal office address)
	Pu Box 521 Willaw anne Por 15090
	(Current mailing address)
	(Out on planing address)
8	SALOW LERVICES TO SENION RESIDENCES
٠.	(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)
	Discount Registered Hopent
	Name: 493 0 malous Black
o	ffice Address: Po Box 253
	SHEASDIA, TO Florida 34230
	(City), Florida 34230 (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.

George E. Mitchell
Discount Registered Agent
Account Manager

(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 Address: \_\_\_\_ 19090 Vice Chairman: NIB Address: \_\_\_\_\_ NIA Director: \_\_\_ Address: Address: \_\_ **B. OFFICERS** President: Address: \_\_\_ RA 19090 Vice President: Address: Wensden MARRIM Secretary: \_\_ \_ 19090 Address: Wensien Treasurer: 19090 521 Address: NOTE: If necessary, you may attach an addendom to the application listing additional officers and/or directors. 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. MARVIN WEINSTEIN

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

### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**FEBRUARY 14, 2011** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **OSBORNE ASSOCIATES, INC.**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Acting Secretary of the Commonwealth** 

Certification Number: 9313175-1