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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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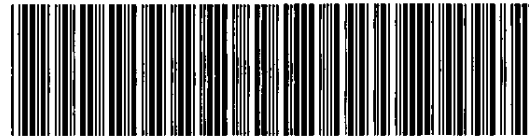
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE  
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## COVER LETTER

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

**SUBJECT:** SCHWARTZ INVESTMENT COUNSEL, 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:

Cathy Stoner  
Name of Person  
Schwartz Investment Counsel, Inc.  
Firm/Company  
3707 W. Maple Rd  
Address  
Bloomfield Hills, MI 48301  
City/State and Zip code  
cms@schwartzinvest.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Stoner at ( 248 ) 644-7461  
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

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DIVISION OF CORPORATIONS

**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. SCHWARTZ INVESTMENT COUNSEL, 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. MICHIGAN 3. 38-2325495  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 19, 1980 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. ANTICIPATED SEPTEMBER 6, 2011 OPENING DATE  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3707 W. MAPLE RD., BLOOMFIELD HILLS, MI 48301  
(Principal office address)

3707 W. MAPLE RD., BLOOMFIELD HILLS, MI 48301  
(Current mailing address)

8. BRANCH OFFICE OF INVESTMENT ADVISORY FIRM  
(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: TIM SCHWARTZ

Office Address: 5060 ANNUNCIATION CIRCLE, STE.# 101  
AVE MARIA, Florida 34142  
(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:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: GEORGE P. SCHWARTZ

Address: 3707 W. MAPLE RD.

BLOOMFIELD HILLS, MI 48301

Vice President: TIM SCHWARTZ

Address: 5060 ANNUNCIATION CIRCLE, STE 101

AVE MARIA, FL 34142

Secretary: RICHARD L. PLATTE, JR.

Address: 3707 W. MAPLE RD., BLOOMFIELD HILLS, MI 48301

Treasurer: TIM SCHWARTZ

Address: 5060 ANNUNCIATION CIRCLE, STE 101, AVE MARIA, FL 34142

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

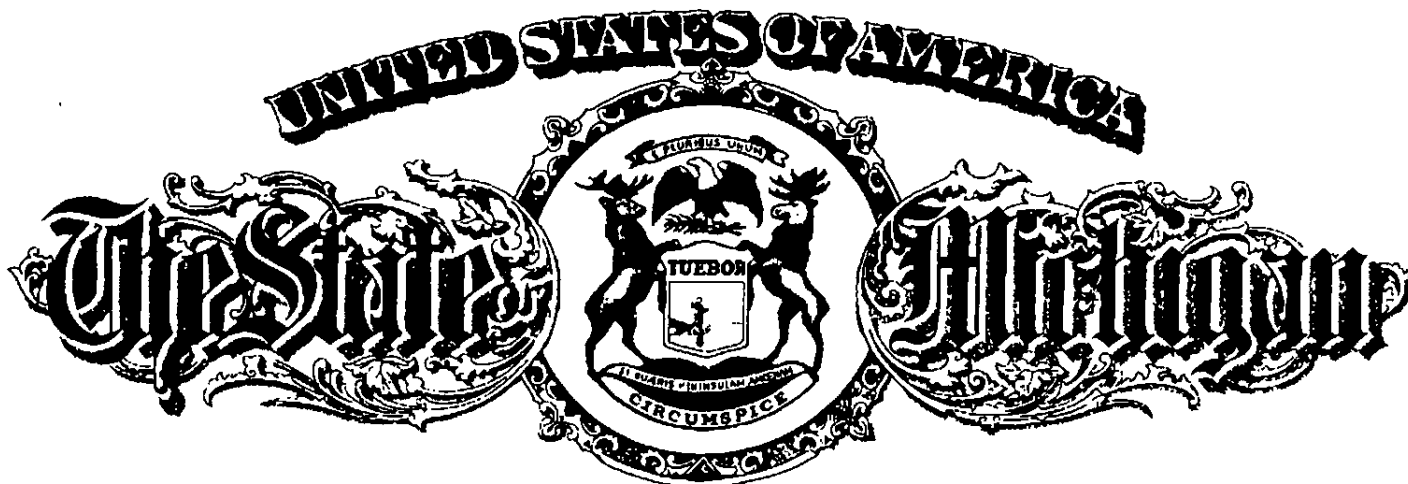
13. Jim Schwartz

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. TIM SCHWARTZ

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



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**SCHWARTZ INVESTMENT COUNSEL, INC.**

*was validly incorporated on September 19, 1980, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

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SECRET  
DIVISION OF REGISTRATION

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of August, 2011.*

Director

Bureau of Commercial Services