

FI1000004802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

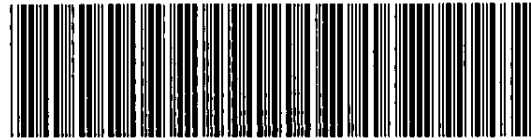
(Document Number)

Certified Copies _____ Certificates of Status _____

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~~W/H 57142~~

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11/07/11--01031--009 **78.75

11 NOV 29 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W/H

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Norman, Hubbard and Assoc. 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:

Hewes James Norman
Name of Person

Norman, Hubbard and Assoc. INC
Firm/Company

11 Holland Ave
Address

White plains, NY 10603
City/State and Zip code

president@normanhubbard.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Norman at (914) 997-1484
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2011

HEWES JAMES NORMAN
11 HOLLAND AVE
WHITE PLAINS, NY 10603

SUBJECT: NORMAN HUBBARD AND ASSOC. INCORPORATED
Ref. Number: W11000057142

We have received your document for NORMAN HUBBARD AND ASSOC. INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must contain both the street address of the principal office and the mailing address of the entity.

A brief description of the entity's nature of business must be included in the document.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 611A00025504

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. Norman, Hubbard and 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. New York 3. 13-360 0910
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Feb 6th 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)

7. 11 Holland Ave, White Plains NY 10603
(Principal office address)
- 11 Holland Ave, white plains, NY 10603
(Current mailing address)

8. TO BE AN AMC (Appraisal Mgmt Co. in Florida) to do Appraisals
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) We do Appraisals

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, INC

Office Address: 515 East Park
Tallahassee, FL, Florida 32301
(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.

Wendy D Rea
(Registered agent's signature)

NRAI Services, Inc.
Wendy D Rea, Assistant Secretary

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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SECRETARY
TALLAHASSEE
STATE
FLORIDA

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AND
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AND
FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

11 NOV 28 PM 3:56

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Hewes James Norman

Address: 11 Holland Ave

White plains, NY 10603

Vice President: Carol Hubbard

Address: 11 Holland Ave

White plains, NY 10603

operations Secretary: KGH 261P

Address: 11 Holland Ave, White plains NY 10603

Treasurer: TAMEKA NIXON

Address: 11 Holland Ave white plains, NY 10603

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

13. Hewes James Norman
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. Hewes James Norman ceo/president
(Typed or printed name and capacity of person signing application)

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

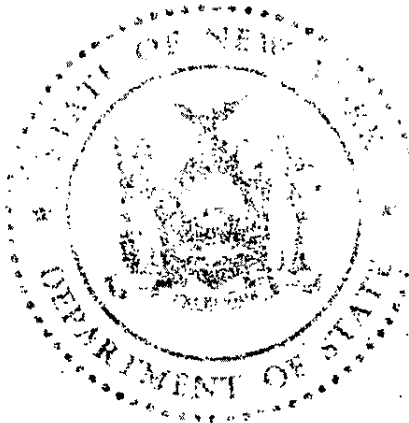
APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of NORMAN, HUBBARD AND ASSOCIATES, INC. was filed on 02/06/1991, 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.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of October two
thousand and eleven.*

A handwritten signature in dark ink, appearing to read "Neil A. ...", is written over a faint circular outline.

First Deputy Secretary of State