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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: STRASSBURGER + ASSOCIATES INC.	
Name of corporation - must include suffix	
Dani Chan Madani	
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:	
PETER STRASSBURGER Name of Person	
STRASSBURGER - ASSOCIATES INC.	
. Illia Company	
12103 WICKLOW LANE Address	
NAPLES FLORIDA 34120  City/State and Zip code	
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E-mail address: (to be used for future annual report notification)	ג ר נ
For further information concerning this matter, please call:	7
WAGER HIRSCH at (914) 946 (133 98 = Name of Person Area Code & Daytime Telephone Number	U
Name of Person Area Code & Daytime Telephone Number $\frac{1}{\infty}$	
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 \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$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. (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. 11-3269158
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 5 11 1995

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will, ccase to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12103 WICKLOW LANE, NAPLES FL. 34120
(Principal office address) SAME
(Current mailing address) BUSINESS CONSULTATION, ADMINISTRATION AND SALES (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) PETER STEASSBURGER Name: NAPLES , Florida 34170
(City) (Zin code) Office Address:

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 agenc'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		
Chairman:	PETER STRASOBURGER	
Address:	12103 WICKLOW LANE	
	NAPLES FLORIDA 34120	
Vice Chairman:		
<del></del>		
Director:		
Address:		
Director:	· · · · · · · · · · · · · · · · · · ·	
B. OFFICERS		
	PETER STRASSBURGER	
	12103 WICKLOW LANE	
	NAPLES FLORIDA 34170	
Vice President:		AHE OHE
Secretary:	BARBARA STRASSBURGER	PIDA
Address:	1263 WICKLOW LANE	
Treasurer:	NAPLES FLORIDA 3.4120	
Address:		
NOTE: If necessary,	you may attach an addendum to the application listing additional officers a	and/or directors.
13.		
15.	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 Departn s provided for in s.817.155, F.S.	
14.	PETER STRADSBURGER - PRESIDENT	
	(Typed or printed name and capacity of person signing application)	

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

I hereby certify, that the Certificate of Incorporation of STRASSBURGER & ASSOCIATES, INC. was filed on 05/11/1995, 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. I further certify the following:

- A Biennial Statement was filed 05/21/1997.
- A Biennial Statement was filed 05/10/1999.
- A Biennial Statement was filed 06/06/2003.
- A Biennial Statement was filed 06/23/2005.
- A Biennial Statement' was filed 07/06/2007.
- A Biennial Statement was filed 07/14/2009.
- A Biennial Statement was filed 07/12/2011.

I further certify that no other documents have been filed by such corporation.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of January two thousand and thirteen.

Daniel Shapiro Special Deputy Secretary of State SECTED OF STATE OF STATE OF STATE

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