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| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | WAIT              | MAIL        |
| (Bu                                     | siness Entity Nar | me)         |
| (Do                                     | cument Number)    | ·····       |
| Certified Copies                        | _ Certificates    | s of Status |
| Special Instructions to Filing Officer: |                   |             |
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Office Use Only

508-W13000067581

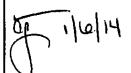


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13 DEC 27 AMII: 11

SPOIL STOCK CONTRACTORS
STATE AS ANY CONTRACTORS
OFFICE AND ANY CONTRACTORS



#### COVER LETTER

| TO: New Filing Section Division of Corporations  |  |   |  |
|--|--|---|--|
| SUBJECT: LPWolch, CPA's, P.C.  |  |   |  |
|  | on - must include suffix   |   |  |
| Dear Sir or Madam:   |  |   |  |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses." | tanding" and check are submitted to r  |   |  |
| Please return all correspondence concerning this mat Lorraine P. Wolch   | ter to the following:  |   |  |
| Name o   | of Person  | <del></del>   |  |
| LPWolch, CPA's, P.C.   |  |   |  |
| Firm/Co  | ompany   |   |  |
| 40 Office Park Way   |  |   |  |
| Pittsford, NY 14534  | dress  |   |  |
| City/State   | and Zip code   | · · · · · · · · · · · · · · · · · · ·                 |  |
| lorraine@lpwolch.com   |  |   |  |
| E-mail address: (to be use   | d for future annual report notification  | 1)  |  |
| For further information concerning this matter, pleas  | e call:  |   |  |
| Donald J. Onimus at 585  | , 586-8830   |   |  |
| Donald J. Onimus  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:<br>New Filing Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 | 27 AH   |  |
| Enclosed is a check for the following amount:  |  |   |  |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status  | Certified Copy Cert  | 50 Filing Fee,<br>lificate of Status &<br>lified Copy |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2013...

LORRAINE P. WOLCH 40 OFFICE PARK WAY PITTSFORD, NY 14534

SUBJECT: LPWOLCH, CPA'S, P.C.

Ref. Number: W13000067581



We have received your document for LPWOLCH, CPA'S, P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 613A00028112

13 DEC 27 AKII: 11

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| REGISTER A FORE   | EIGN CORPORATION TO TRANSAC   | A STATUTES, THE FOLLOWING IS SUBMI<br>CTBUSINESS IN THE STATE OF FLORIDA   |             | U                 |
|---|---|--|-------------|-------------------|
| **  | CPA's, P.C., P.A.   | ( M, 2/10 (13)   |             |                   |
| (Enter name of cor<br>"Inc.," "Co.," "Cor                       | poration; must include "INCORPORAT) p," "Inc," "Co," or "Corp.")  | ED," "COMPANY," "CORPORATION,"   |             |                   |
| please no   | te: P.C. is the indicator   | r for professional corporatio  | n in N      | <b>1</b> Y        |
| (If name unavailab  | le in Florida, enter alternate corporate na   | ime adopted for the purpose of transacting busines   | s in Flori  | da)               |
| New York  |   | <sub>3.</sub> 16-1358350   |             |                   |
| (State or country ur  | der the law of which it is incorporated)  | (FEI number, if applicable)  |             | <del></del>       |
| <u>. 9/27/1989</u>  |   | <sub>5.</sub> perpetual  |             |                   |
|   | f incorporation)  | (Duration: Year corp. will cease to exist or   | *perpetua   | il''')            |
| <u>, n/a-none a</u>   |   |  |             |                   |
|   |   | ess in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)  |             |                   |
| . 40 Office F   | ark Way, Pittsford, NY  | •  |             |                   |
|   | (Principal office   |  |             |                   |
| same  | • •   |  |             |                   |
|   | (Current mailing  | address)   |             |                   |
| . Public acc  | ounting firm  |  |             |                   |
|   | · · · · · · · · · · · · · · · · · · ·   | or country to be carried out in state of Florida)  | <del></del> |                   |
| ). Name and street  | address of Florida registered agent:  | (P.O. Box NOT acceptable)  | 13          | 11.00             |
| ,   | Adam Benjamin Holzhaue  | •  | )EC         |                   |
| Name:   | 6773 Portside Drive   | <u>·</u>   | 27          | د از درد.<br>بروس |
| Office Address:   | 0773 FOILSIDE DIIVE   |  | A           | 32.00 c           |
|   | Boca Raton  | , Florida 33496  |             | 30                |
|   | (City)  | (Zip code)   |             | ATE               |
| 0. Registered age   | ent's acceptance:   |  |             | <del>S</del> S    |
| Having been name<br>lesignated in this a<br>further agree to co | d as registered agent and to accept s<br>pplication, I hereby accept the appo<br>mply with the provisions of all status | service of process for the above stated corpor<br>wintment as registered agent and agree to act<br>tes relative to the proper and complete perfo<br>ns of my position as registered agent. | in this     | capacity.         |
|   | (Registered agent   | t's signature)   |             |                   |

<sup>11.</sup> 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:  | FILED<br>SERVETLAY OF STATE          |
|---|--------------------------------------|
| A. DIRECTORS  | SECRETARY OF STATE                   |
| Chairman: Lorraine P. Wolch   | 13 DEC 27 AMIL: 11                   |
| Address: 21 Sandy Lane  |                                      |
| Pittsford, NY 14534   |                                      |
| Vice Chairman:  | ·                                    |
| Address:  |                                      |
|   |                                      |
| Director:   |                                      |
| Address:  |                                      |
|   |                                      |
| Director:   |                                      |
| Address:  |                                      |
|   |                                      |
| B. OFFICERS   |                                      |
| President: Lorraine P. Wolch  |                                      |
| 21 Sandy Lane   |                                      |
| Pittsford, NY 14534   |                                      |
| Vice President: Donald J. Onimus  |                                      |
| Address: 21 Sandy Lane  |                                      |
| Pittsford, NY 14534   |                                      |
| Secretary: Lorraine P. Wolch  |                                      |
| Address: same as above  |                                      |
| Treasurer:  |                                      |
| Address:  |                                      |
| NOTE: If necessary, you may attach an addendary to the application listing ac   | dditional officers and/or directors. |
| Signature of Director or Officer  |                                      |
| The officer or director signing this document (and who is listed in number 12 a are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.  Lorraine P. Wolch |                                      |

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

I hereby certify, that the Certificate of Incorporation of LPWOLCH, CPA'S, P.C. was filed on 09/27/1989, under the name of LORRAINE P. WOLCH, CPA, P.C., 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.

A Certificate of Amendment LORRAINE P. WOLCH, CPA, P.C., changing its name to LPWOLCH, CPA'S, P.C., was filed 10/13/2005.



SECAL FARY OF STATE
HVIS. WE CHAIR ATIONS

13 DEC 27 ANII: 11

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 22nd day of November two thousand and thirteen.

Watery Sicidina

Executive Deputy Secretary of State