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Division of Corporations

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Florida Department of State

Division of Corporations  
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**To:**

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**From:**

Account Name : Vcorp SERVICES, LLC  
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Phone : (845) 425-0077  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
OLD PRO INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

14 JUL 23 11:42

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July 23, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: OLD PRO INCORPORATED  
REF: W14000045174

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Fax-filing documents require the image to be in PORTRAIT, not LANDSCAPE format.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E14000173032  
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**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. OLD PRO INCORPORATED**

(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**

(State or country under the law of which it is incorporated)

**3. N/A**

(FEI number, if applicable)

**4. 5/9/2008**

(Date of incorporation)

**5. Perpetual**

(Duration: Your 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. 3700 South Ocean Avenue, Unit 1406**

(Principal office address)

**Highland Beach, FL 33487**

(Current mailing address)

**8. consulting/venture capital**

(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:

**Vcorp Services, LLC**

Office Address:

**5011 South State Road 7, Suite 106**

**Davie**

(City)

**, Florida 33314**

(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:

## A. DIRECTORS

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_Director: Jeffrey SchwartzAddress: 3700 South Ocean Avenue, Unit 1406  
Highland Beach, FL 33487

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

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

## B. OFFICERS

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: Meryl SchwartzAddress: 3700 South Ocean Avenue, Unit 1406, Highland Beach, FL 33487

Treasurer: \_\_\_\_\_

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

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

13.  \_\_\_\_\_  
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. Jeffrey Schwartz, Director

(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 OLD PRO INCORPORATED was filed on 05/09/2008, 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 07/18/2014.*

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



201407210593 \* HD

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 18th day of July  
two thousand and fourteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

SECRET  
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