

F140000004207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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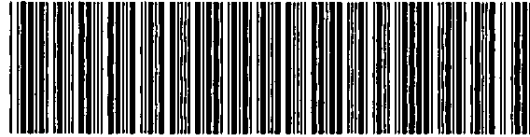
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Freud Pizenberg Independent Advisors Corp.

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:

John Abraham

Name of Person

John Abraham CPA PA

Firm/Company

10330 N Dale Mabry Hwy. Suite 207

Address

Tampa, FL 33618

City/State and Zip code

johncpa@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Abraham

at ( 813 ) 963-5100

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

**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. Freud Pizenberg Independent Advisors Corp.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**None**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. New York** **3. 45-5069161**

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

(FEI number, if applicable)

**4. 4/23/2012** **5. Perpetual**

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

**6. September 1, 2014**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 50 Sutton Place South, Suite 2K, New York, NY 10022**

(Principal office address)

**750 Lexington Avenue, 16th Fl. New York, NY 10022**

(Current mailing address)

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

Name: **John Abraham CPA**

Office Address: **10330 N Dale Mabry Highway Ste 207**

**Tampa**, Florida **33618**

(City)

(Zip code)

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**9. 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)

**10. 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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

Director: Stephane Pizenberg

Address: 480 E 86th St. Apt 16F

New York, NY 10028

Director: Dominic Freud

Address: 50 Sutton Place S. Apt 2K

New York, NY 10028

**B. OFFICERS**

President: Stephane Pizenberg

Address: 430 E 86th St. Apt 16F

New York, NY 10028

Vice President: Dominic Freud

Address: 50 Sutton Place S. Apt 2K

New York, NY 10028

Secretary: Stephane Pizenberg

Address: 480 E 86th St. Apt 16F, New York, NY 10028

Treasurer: Dominic Freud

Address: 50 Sutton Place, S. Apt 2K, New York, NY 10028

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

12. \_\_\_\_\_

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.

13. Stephane Pizenberg, President

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

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

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TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of FREUD PIZENBERG INDEPENDENT ADVISORS CORP. was filed on 04/23/2012, 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.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 26th day of August two  
thousand and fourteen.*

*Anthony Giardina*

Executive Deputy Secretary of State