

F15000003578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

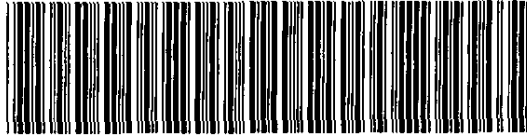
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 13 P 12: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 14 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2015

ROBERT ZIGMAN
727 N. WOOD AVENUE
LINDEN, NJ 07036

SUBJECT: ZIGMAN & ZIGMAN CPA'S P.C., CORP.
Ref. Number: W15000054095

We have received your document for ZIGMAN & ZIGMAN CPA'S P.C., CORP. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 715A00016962

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zigman & Zigman CPA's P.C.

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:

Robert Zigman

Name of Person

Zigman & Zigman CPA's P.C.

Firm/Company

727 N. Wood Avenue

Address

Linden, NJ 07036

City/State and Zip code

Robert@ZigmanCpa.com

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

For further information concerning this matter, please call:

Robert Zigman

908

925-9899

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.

Zigman & Zigman CPA's P.C., Corp.

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

Zigman & Zigman Co.

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

2. New Jersey _____ 3. 22-3489899
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/02/1997 _____ 5. _____
(Date of incorporation) (Date of duration, if other than 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. 727 N. Wood Avenue Linden, NJ 07036
(Principal office address)

(Current mailing address, if different)

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

Name: Don Jellie _____

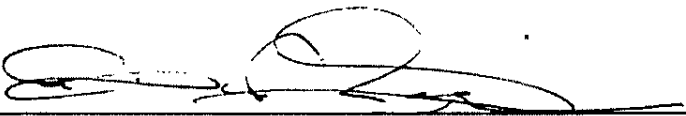
Office Address: 4360 Old Dixie Highway _____

Vero Beach _____, Florida 32967
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: Robert Zigman
Address: 727 N. Wood Avenue
Linde, NJ 07036

Vice Chairman: lisa Zigman
Address: 727 N. Wood Avenue
Linden, NJ 07036

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Robert ~~Zigman~~ Zigman
Address: 727 N. Wood Avenue
Linden, NJ 07036

Vice President: Lisa Zigman
Address: 727 N., Wood Avenue
Linden, NJ 07036

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

12. Robert Zigman Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Robert Zigman -

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

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TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

ZIGMAN & ZIGMAN CPAS, P.C.

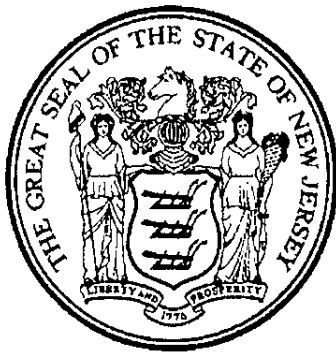
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on January 2, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Robert Zigman
727 N Wood Avenue
Linden, NJ 07036*



Certification# 137082634

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
14th day of August, 2015*

Robert A. Romano

Robert A Romano
Acting State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp