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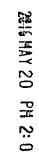


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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 4, 2016

**GREG PFISTER** 8924 MUSTANG ISLAND CIRCLE NAPLES, FL 34113

SUBJECT: PFISTER & ASSOCIATES, LTD

Ref. Number: W16000032734

We have received your document for PFISTER & ASSOCIATES, LTD 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 use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return 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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00009317

## **COVER LETTER**

TO: Registration Section Division of Corpora		,	
SUBJECT:	Prister &	Associates	5
		- must include suffix	
Dear Sir or Madam:			
The enclosed "Application be "Certificate of Existence," of above referenced foreign co	r "Certificate of Good Stan	ding" and check are submit	
Please return all correspond	ence concerning this matter	to the following:	
	Grea f	fister	
	Name of	Person	_
	Prister &	Associates	<b>5</b>
	Firm/Con		•
	8924 N	hustana 1	sland Circle
	Addre		
	Naple	5. FL 34	113
	City/State a	nd Zip code	<del></del>
	aamin	or future annual report notified	em 5 AS
	-mail address: (to be used t	or future annual report notif	ication)
For further information cond	erning this matter, please o	eall:	-\frac{\lambda \text{Sign}}{\text{Sign}}
Kate Girou	x-1fisteur 84:	1) 842-87	<del></del>
Name of Person	Area Cod	e Daytime Telephon	e Number SA
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions ter Circle	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Tallahassee, FL 323	ייי		
Enclosed is a check for the f	ollowing amount:		
□ \$70.00 Filing Fee □	\$78.75 Filing Fee & Certificate of Status	1 \$78.75 Filing Fee & G 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. (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," 1. "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. Ill wors, U.S.A. 3. 36-34-88617
(State or country under the law of which it is incorporated)

4. (Date of incorporation)

(Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) O924 Mustane Island Cercli
(Principal office address)

Naples FL 39113
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 8924 Mustarg Island Circle

Naples , Florida 34113

(City) (Zip code) Office Address: 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. 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: \_\_ Vice Chairman: \_\_\_\_\_ Address: \_\_\_\_ Director: Address: Director: B. OFFICERS Vice President: Address: tang ISland Circle Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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

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.

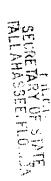


## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

PFISTER & ASSOCIATES, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of

**APRIL** 

A.D.

2016

Authentication #: 1611903210 verifiable until 04/28/2017
Authenticate at: http://www.cyberdriveillinois.com

SIN SEE

Desse White

SECRETARY OF STATE