

FIB000000368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

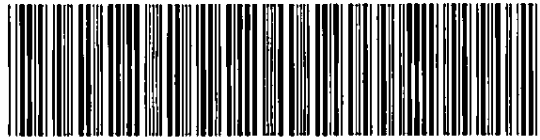
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
18 JAN 24 AM 11:27
2018 JAN 24 A 9:26
SECRETARY OF STATE

D. SCOTT
JAN 25 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 037212 7563107

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : January 23, 2018

ORDER TIME : 8:48 AM

ORDER NO. : 037212-010

CUSTOMER NO: 7563107

FOREIGN FILINGS

NAME: 500 PROPERTY MANAGEMENT
CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

FILED
2018 JAN 24 A 9:26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 500 PROPERTY MANAGEMENT CORPORATION

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:

LISA ZALAMEA

Name of Person

WILSON ASSOCIATES

Firm/Company

20 MURRAY HILL ROAD, STE 290

Address

EAST RUTHERFORD, NJ 07073

City/State and Zip code

L.ZALAMEA@WILSONNJ.COM

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

For further information concerning this matter, please call:

LISA ZALAMEA

201

845-8000

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

FILED
2018 JAN 21 A 9 20

**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. 500 PROPERTY MANAGEMENT CORP.
(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 JERSEY 3. 22-2370215
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/18/1981 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. 20 MURRAY HILL PARKWAY, STE 290 EAST RUTHERFORD, NJ 07073
(Principal office address)

(Current mailing address, if different)

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (Zip code)

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.

Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ESTATE OF ELEANOR WILSON

Address: 266 GREENWAY ROAD, RIDGEWOOD NJ 07450

Vice President: ROBERT WILSON

Address: 238 VIA PALACIO
WEST PALM BEACH, FL 33418

Secretary: RICHARD WILSON

Address: 5 HORIZON ROAD, FORT LEE, NJ 07024

Treasurer: JAYNE WILSON SCHROEDER

Address: 266 GREENWAY ROAD, RIDGEWOOD, NJ 07450

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 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 A. WILSON, VICE PRESIDENT

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

FILED
2018 JAN 24 A 9 26

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

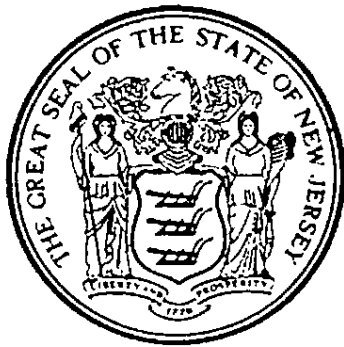
**500 PROPERTY MANAGEMENT CORP.
0100135287**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 18, 1981.

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 office are:

ROBERT A WILSON
C/O WILSON ASSOCIATES
20 MURRAY HILL PKWY STE 290
EAST RUTHERFORD, NJ 07073



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of January, 2018

Elizabeth Maher Muoio
Acting State Treasurer

Certificate Number : 6085535929

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

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2018 JAN 24 A 9:21