

F18000005883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000320165940

000320165940
12/10/18--01036--014 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 DEC 10 PM 3:39

FILED

C CAVE
DEC 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations
ECONOMIC GROUP PENSION SERVICES, INC.

SUBJECT: _____
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:
THERESA MIOTTO

Name of Person
ECONOMIC GROUP PENSION SERVICES, INC.

Firm/Company
207 WEST 25TH STREET, 9TH FLOOR

Address
NEW YORK, NY 10001

City/State and Zip code
tmiotto@egps.com

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

For further information concerning this matter, please call:

ELI MENDLOWITZ 212 564-5900 EXT 101

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.*

ECONOMIC GROUP PENSION SERVICES, INC.

1. _____
(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)
NY 13-3180178

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/13/1983

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
JANUARY 2, 2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
207 WEST 25TH STREET, 9TH FLOOR

7. _____
(Principal office address)
NEW YORK, NY 10001

(Current mailing address, if different)

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

DANIEL LISS

Name:

11660 CENTRAL PARKWAY SUITE 200

Office Address:

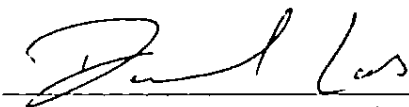
JACKSONVILLE

32224

_____, Florida _____
(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.



(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.

FILED
18 DEC 10 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

DANIEL LISS

Chairman: _____
207 WEST 25TH STREET, 9TH FLOOR, NEW YORK, NY 10001

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

DANIEL LISS

President: _____
207 WEST 25TH STREET, 9TH FLOOR, NEW YORK, NY 10001

Address: _____

Vice President: _____

Address: _____

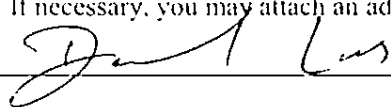
Secretary: _____

Address: _____

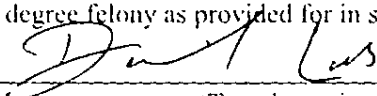
Treasurer: _____

Address: _____

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 herei are true and that he or she is aware that false information submitted in a document to the Department of State constitu a third degree felony as provided for in s.817.155, F.S.

13.  _____
(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 ECONOMIC GROUP PENSION SERVICES, INC. was filed on 09/13/1983, 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 05th day of November two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*