

FA9000001766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

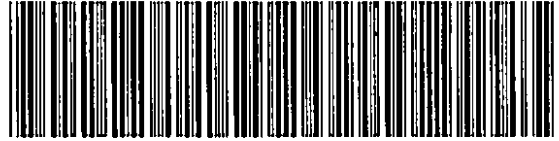
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 APR - 8 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/10/19 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

PAUL ZUCKER
195 SMITHTOWN BLVD
NESCONSET, NY 11767

SUBJECT: INTERNATIONAL RECOVERY ASSOCIATES, INC.
Ref. Number: W19000029487

We have received your document for INTERNATIONAL RECOVERY ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 919A00005880

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TALLAHASSEE, FLORIDA

2019 APR 8 10 18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Recovery Associates, Inc.

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:

Paul Zucker

Name of Person

International Recovery Associates, Inc.

Firm/Company

195 Smithtown Blvd

Address

Nesconset, NY 11767

City/State and Zip code

pzucker@iraweb.com

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

For further information concerning this matter, please call:

Terry Harper

Name of Person

at (914) 428-5560

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.*

1. International Recovery Associates, Inc.

(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 York

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

3. 13-3414604

(FEI number, if applicable)

4. 9/1/1986

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 2/1/19

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11392 Boca Woods Lane, Boca Raton, FL 33428

(Principal office address)

(Current mailing address, if different)

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

Name: Theodore Zucker

Office Address: 11392 Boca Woods Lane

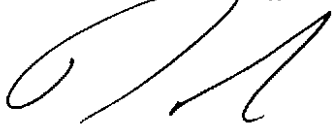
Boca Raton, Florida 33428

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Paul Zucker

Address: 195 Smithtown Blvd

Nesconset, NY 11767

Vice Chairman: Angelo Raucci

Address: 195 Smithtown Blvd

Nesconset, NY 11767

Director: Sandra Zucker

Address: 11392 Boca Woods Lane

Boca Raton, FL 33428

Director: _____

Address: _____

B. OFFICERS

President: Paul Zucker

Address: 195 Smithtown Blvd

Nesconset, NY 11767

Vice President: Angelo Raucci

Address: 195 Smithtown Blvd

Nesconset, NY 11767

Secretary: Sandra Zucker

Address: 11392 Boca Woods Lane, Boca Raton, FL 33428

Treasurer: Sandra Zucker

Address: 11392 Boca Woods Lane, Boca Raton, FL 33428

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. Paul Zucker

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

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2018 APR - 8 PM 4:18
DEPT. OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of INTERNATIONAL RECOVERY ASSOCIATES, INC. was filed on 09/04/1986, 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.



FILED
2019 APR -8 P 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of March two
thousand and nineteen.

Whitney Clark
Deputy Secretary of State