



September 3, 2019

To: Yvette Scott

Subject: Subsistence Certificate

Enclosed is a copy of the certificate.

I obtained the certificate from the PA Department of State website. It was downloaded from the website.

I spoke to the Department regarding getting an original of the certificate and was told the only way to get a copy is to download it.

It is enclosed with this letter, as is a copy of the letter sent to me requesting the certificate.

If there is an issue with the copy, please call me at 412-370-9851.

Thank you,

Rita Straka
President, Straka Associates, Inc.

FILED
2019 SEP 12 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Received
Sept 6 2019

SEPTEMBER 12, 2019

TO : EVA SCOTT

FROM : RITA STRAIKA

FAX : 850-245-6030

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2019 SEP 12 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 SEP 12 PM 11:34
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2019

RITA STRAKA
2515 GRANVILLE TERRACE
THE VILLAGES, FL 32162

SUBJECT: STRAKA ASSOCIATES, INC.
Ref. Number: W19000077022

We have received your document for STRAKA ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott
Document Specialist II

Letter Number: 119A00017118

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYRAKA 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:

KITA SYRAKA
Name of Person
SYRAKA ASSOCIATES, INC.
Firm/Company
2515 GILANVILLE TERRACE
Address
THE VILLAGES FL 32162
City/State and Zip code
ms12.c@9857@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KITA SYRAKA at (412) 570-9851
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.

1. STRATA 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. PENNSYLVANIA 3. 33-1627567
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-1-1991 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. 2515 GRANVILLE TERRACE THE COLLAGES
(Principal office address)

(Current mailing address, if different)

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

Name: ELVA STROUD

Office Address: 2515 GRANVILLE TERRACE

THE COLLAGES, Florida 32167
(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, 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.

Elva Stroud
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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 TALLAHASSEE, FLORIDA

B. OFFICERS

President: RITA STRAKA

Address: 2515 GRANVILLE TERRACE

THE VILLAGES FL 32162

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 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. RITA STRAKA PRESIDENT

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/03/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STRAKA ASSOCIATES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED
2019 SEP 03 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190903110439-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>