

Division of Corporations

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F2000000158653

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800) 221-2972
Fax Number : (718) 889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

HARVEY ALTMAN & COMPANY, C.P.A., COEP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2020 JAN 17 AM 8:41

2020 JAN 17 AM 11:00
ALL AMERICAN FLORIDA

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January 16, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: HARVEY ALTMAN & COMPANY, C.P.A., P.C.
REF: W20000003654

We have received your document for HARVEY ALTMAN & COMPANY, C.P.A., P.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

FAX Aud. #: H20000015865
Letter Number: 320A00001253

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.

Harvey Altman & Company, C.P.A., P.C.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Harvey Altman & Company, C.P.A., Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

New York

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

08/25/83

Perpetual

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)

Upon Filing

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

20 Crossways Park Drive North Ste 412 Woodbury NY 11797

7. (Principal office address)

(Current mailing address, if different)

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

Name: Lynne Bershard

Office Address: 10290 Terra Lago Drive

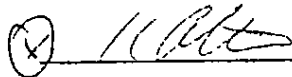
West Palm Beach

(City)

, Florida 33412
(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
2020 JAN 17 AM 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Harvey AltmanAddress: 20 Crossways Park Drive North Ste 412 Woodbury NY 11797

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Harvey AltmanAddress: 20 Crossways Park Drive North Ste 412 Woodbury NY 11797

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. Harvey Altman-President

(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 HARVEY ALTMAN & COMPANY, C.P.A., P.C. was filed on 08/25/1983, under the name of HARVEY M. ALTMAN, P.C., 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. I further certify the following:

A certificate changing name to HARVEY M. ALTMAN, C.P.A., P.C. was filed on 05/30/1985.

A certificate changing name to HARVEY ALTMAN & COMPANY, C.P.A., P.C. was filed on 02/22/2000.

A Biennial Statement was filed 01/13/2020.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of January
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State