

F200000004803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

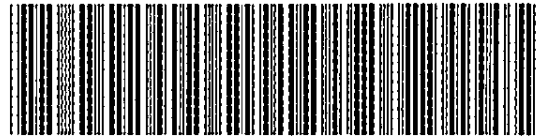
(Document Number)

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2020 OCT 27 PM 3:12  
TALLAHASSEE, FLORIDA

45  
10/6



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2020

GAYLE GARITTA  
40 DANIEL STREET  
STE 4  
FARMINGDALE, NY 11735

SUBJECT: ACCURATE RECOVERY SOLUTIONS, INC  
Ref. Number: W20000116738

We have received your document for ACCURATE RECOVERY SOLUTIONS, INC and your check(s) totaling \$78.75. 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: 320A00019938

RECEIVED

OCT 27 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Accurate Recovery Solutions, 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:

Gayle Garitta  
Name of Person  
Accurate Recovery Solutions, Inc  
Firm/Company  
40 Daniel Street Ste 4  
Address  
Farmingdale, NY 11735  
City/State and Zip code  
ggaritta@skobars.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle Garitta at ( 631 ) 870 5501  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 Accurate Recovery Solutions Inc  
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name not available in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2 New York : 200100861  
(State or country under the law of which it is incorporated) (FID number, if applicable)

3 6/19/2003 :  
(Date of incorporation) (Date of dissolution, if other than perpetual)

4  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

5 40 Daniel street, Farmingdale, NY 11733  
(Principal office street address)

(Current mailing address, if different)

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

Name C T Corporation System

Office Address 1200 South Pine Island Road

Plantation

Florida 33324

(City)

(Zip code)

7 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 duty and I am familiar with and accept the obligations of my position as registered agent.*

Robert Downing Assistant Secretary

8 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 officer having custody of corporate records in the jurisdiction under the law of which it is incorporated.

**A: DIRECTORS**

☐ Chairman Name: Cathleen Makridakis  
☐ Vice Chairman Address: 26 Lincoln Ave  
☐ Director Rockville Centre, NY  
☒ President 11570  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other ☐ Other \_\_\_\_\_

☐ Chairman Name: Diana Pedote  
☐ Vice Chairman Address: 49 Westgate Rd  
☐ Director Massapequa Park, NY  
☐ President 11732  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other ☐ Other \_\_\_\_\_

☐ Chairman Name: Elizabeth McGovern  
☐ Vice Chairman Address: 636 E Broadway  
☐ Director Long Beach, NY 11561  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer \_\_\_\_\_  
☐ Other ☐ Other \_\_\_\_\_

☐ Chairman Name: Gayle Garitta  
☐ Vice Chairman Address: 163-30 89 St  
☐ Director Howard Beach, NY  
☐ President 11414  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s. 817.155, F.S.

13 Gayle Garitta  
 (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 ACCURATE RECOVERY SOLUTIONS, INC. was filed on 06/19/2003, 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.



2020 OCT 21 PM 3:12  
FILED  
CLERK OF THE COURT  
JUDICIAL DEPARTMENT  
STATE OF FLORIDA

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 19th day of August, 2003.

*Brendan C. Hughes*

Brendan C. Hughes

Executive Deputy Secretary of State