

**F21000000064**

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 : RENNERT, VOGEL, MANDLER & RODRIGUEZ, P.A.  
Account Number : 076103002011  
Phone : (305) 577-4163  
Fax Number : 305 516 6171

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

Email Address: Bdelgado@pvmr.law.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
STOEVEER GLASS WEALTH MANAGEMENT, INC.**

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

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Penalty Fee (2016) \$600 Avail.

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**COVER LETTER**

**TO:** Registration Section  
 Division of Corporations  
 Stoeber Glass Wealth Management, 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:  
 Claire P. Menard

Name of Person
Rennert Vogel Mandler & Rodriguez, P.A.
Firm/Company
100 SE 2nd Street, Suite 2900
Address
Miami, Florida 33131
City/State and Zip code
cmenard@rvmjlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Delgado	305	577-4163
Name of Person	at ( )	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**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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# 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.

Stoeper Glass Wealth Management, 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)

2. New York 3. 47-1802691  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 20, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 24, 2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

30 Wall Street, 7th Floor, New York, NY 10005

7. \_\_\_\_\_  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Steven Sapirstein

Name:

225 NE Mizner Boulevard, Suite 250

Office Address:

Boca Raton

33432

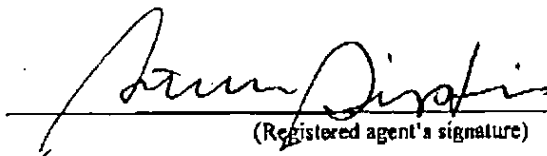
(City)

, Florida

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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**A. DIRECTORS**

**Frederick Stoever**  
☒ Chairman Name: \_\_\_\_\_  
 30 Wall Street, 7th Floor  
☐ Vice Chairman Address: \_\_\_\_\_  
 New York, NY 10005  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**John Morgan**  
☐ Chairman Name: \_\_\_\_\_  
 30 Wall Street, 7th Floor  
☐ Vice Chairman Address: \_\_\_\_\_  
 New York, NY 10005  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_


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

**Roland Stoever**  
☐ Chairman Name: \_\_\_\_\_  
 30 Wall Street, 7th Floor  
☐ Vice Chairman Address: \_\_\_\_\_  
 New York, NY 10005  
☐ Director \_\_\_\_\_  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Steven Sapirstein**  
☐ Chairman Name: \_\_\_\_\_  
 30 Wall Street, 7th Floor  
☐ Vice Chairman Address: \_\_\_\_\_  
 New York, NY 10005  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☒ 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 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. Roland Stoever, 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 STOEVEER GLASS WEALTH MANAGEMENT, INC. was filed on 08/20/2014, 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.



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*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 twenty.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State

**AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF

BEFORE ME, personally appeared Roland Stoever ("Affiant"), as President of Stoever Glass Wealth Management, Inc., a Florida profit corporation (the "Company") who, after being first duly sworn, deposes and says:

1. I am the President of the Company.
2. The Company filed a voluntary dissolution on October 14, 2020.
3. The Company has no intention of revoking this dissolution; therefore the Company is releasing the name Stoever Glass Wealth Management, Inc. for use.

FURTHER AFFIANT SAYETH NAUGHT.



\_\_\_\_\_  
Roland Stoever

STATE OF FLORIDA  
COUNTY OF

The foregoing instrument was acknowledged before me this 19 day of November, 2020 by Roland Stoever, as President of Stoever Glass Wealth Management, Inc., who is personally known to me or who has produced divulgence as identification.

My commission expires:

Notary Public: 

Print Name: MICHAEL F. CARRIGG

MICHAEL F. CARRIGG  
Notary Public, State of New York  
No. 01CA4773883  
Qualified in New York County  
My Commission Expires May 4, 2022

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