



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 09/24/24
Order #: 1630158-9
Re: Value Line Asset Allocation Fund, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 -FL State Account Number:

I20000000195

Certificate of Good Standing from State of Incorporation

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text of the enclosed items.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Value Line Asset Allocation Fund, 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:

Mitchell E. Appel

Name of Person

Value Line Funds

Firm/Company

1605 Main St, Suite 912

Address

Sarasota FL 34236

City/State and Zip code

Mappel@VLFunds.com

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

For further information concerning this matter, please call:

Peter Lowenstein

Name of Person

at

(203)

Area Code

249-4399

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. Value Line Asset Allocation Fund, 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. MARYLAND 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/13/1993 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. 1605 Main St Suite 912 Sarasota FL 34236
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays St
Tallahassee Florida 32301
(City) (Zip code)

2079 SEP 26 AM 11:20

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.

Shauna Godbolt

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]:

A. DIRECTORS

☒ Chairman Name: James E. Hillman
☐ Vice Chairman Address: 1605 Main St
☐ Director Suite 912
☐ President Sarasota FL 34236
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul Craig Roberts
☐ Vice Chairman Address: 1605 Main St
☒ Director Suite 912
☐ President Sarasota FL 34236
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mitchell E. Appel
☐ Vice Chairman Address: 1605 Main St
☒ Director Suite 912
☒ President Sarasota FL 34236
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Emily Washington
☐ Vice Chairman Address: 1605 Main St
☐ Director Suite 912
☐ President Sarasota FL 34236
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Joyce E. Heinzerling
☐ Vice Chairman Address: 1605 Main St
☒ Director Suite 912
☐ President Sarasota FL 34236
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jim Gallo
☐ Vice Chairman Address: 1605 Main St
☐ Director Suite 912
☐ President Sarasota FL 34236
☐ 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]
 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. Mitchell E. Appel President
 (Typed or printed name and capacity of person signing application)

FILED
In the Office of the
Secretary of State of Texas

AUG 11 2003

**ASSUMED NAME
CERTIFICATE**

Corporations Section

1. The assumed name under which business is to be conducted is Elite Manufacturing.
2. The name of the incorporated business as stated in its Articles of Incorporation is EMLS, INC.
3. The period during which the assumed name will be used is ten years.
4. The corporation is a Texas Business Corporation.
5. The address of the registered office is 9284 Huntington Square, Suite 100, North Richland Hills, Texas 76180, and the agent at said address is Kent Davis.
6. The assumed name will be in effect in Denton county.

DATED this the 11th day of August, 2003.

by Marilyn S. Hershman
Marilyn S. Hershman
Acting Assistant Secretary