F97000006399

TRANSMITTAL LETTER

| TO: Qualification/Tax Lien Section Division of Corporations SUBJECT: 7 coperty (Name of corporation) - m | cialists. Inc. |
|--|--|
| (Name of corporation - m Dear Sir or Madam: | ust include suffix) |
| The enclosed "Application by Foreign Corporation Florida", "Certificate of Existence", and check are s foreign corporation to transact business in Florida. Please return all correspondence concerning this ma | ubmitted 40002348674-5 -11/17/9701071006 *****87.50 *****87.50 |
| | Spada |
| Tropenty jax (Firm/Com) 79 Cascade (Addres | Specialists, Inc. |
| · | NY 12309 (Zip) |
| Should you need to call someone concerning this made to call someone concerning the call someone concerning this made to call someone concerning the call someone conce | atter, please call: at (518) 355-4632 (Area Code & Daytime Telephone Number) |
| COURIER ADDRESS: Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399 | MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 17, 1997

ANTHONY SPADA
PROPERTY TAX SPECIALISTS, INC.
79 CASCADE TERRACE
SCHENECTADY, NY 12309

SUBJECT: PROPERTY TAX SPECIALISTS, INC.

Ref. Number: W97000025978

We have received your document for PROPERTY TAX SPECIALISTS, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6092.

Letter Number: 097A00055136

Hart Collins
Senior Corporate Section Administrator

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned GAI ZINSER PADA , do h | ereby certify |
|---|---|
| that this Resolution of the Board of Directors of | |
| PROPERTY THE SPECIALISTS, INC. (Corporate Name) | · ———————————————————————————————————— |
| a corporation duly organized and existing under the laws of the State of New York | <u>k</u> , |
| was duly adopted on | , 19 <u>76</u> . |
| Be it resolved, that (Corporate Name) | |
| organized and existing in the State of New York , hereby adop | ots the name |
| # GZ SPADA, INC. for | |
| Dated: 13/01/97 | - : - |
| Signature of either Chairman, Vice Chairman or any officer Cail Zinser SPAOA Type or print name | OIVISION OF CORPC |

INHS19(4/96)

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:

| | . 9 |
|--|---|
| 1. Property Jax Specialists Inc. (Name of corporation must include the world "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of the cor | or |
| natural person or partnership if not so contained in the name at present.) | |
| 2. New York State (State or country under the law of which it is incorporated) (FEI number, if applicable) | ie) |
| 4. 3/21/96 5. Per pertual (Duration: Year corp. will cease to exist | or |
| "perpetual") | 97 97 |
| 6. November 30 1997 (Date first transacted business in Florida.' (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) | |
| 7. <u>T9 Cascade Terrare</u> | of An |
| | |
| Schonectady W 12309 (Current mailing address) Security of 20045 of 20045 (Current mailing address) Security of 20045 of 20045 | - CO |
| 1) Although is a construction of empirical and application and a secretary of State of other | · |
| 8. Approximate Services Property Tax Adjustments, Prepared Telephone Con (Phippose(s) of corporation authorized in home state of country to be carried out in the state of Florida) | ين كل |
| Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nacceptable) | <u>OT</u> |
| Name: Gail S. Zinser Spada | |
| Office Address: 4700 Swallow tail Dr | |
| New Port Richey, Florida, 34653 (Zip Code) | · . |
| 0. Registered agent's acceptance: | |
| Having been named as registered agent and to accept service of process for the above corporation at the place designated in this application, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provail statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent. | tment as risions of |
| (Registered aggnt's signature) | |

11. 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.

 Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

| A. DIRECTORS (Street address only- P. O. Box NOT acceptable) |
|--|
| Chairman: Gail S. Zinser Spada |
| Address: 4700 Swallowtail Dr |
| New Port Rubey FL 34653 |
| Vice Chairman: Anthony Spada |
| Address: 79 Cascade Torrace |
| Schoncetady NY 12309 |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| |
| B. OFFICERS (Street address only- P. O. Box NOT acceptable) |
| President: Gail S. Zinser Spada |
| Address: 4700 Swallow tail Dr |
| New Port Rickey FL 34653 |
| Vice President: Anthony Spada |
| Address: 79 Cascade Terrace |
| Schonedaly NY 12309 |
| Secretary: Anthony Spuda. |
| Address: 79 Cascade Terrace |
| _ Schenetaly NV 12345 |
| Treasurer: Ga, 1 S. Zinser Spada |
| Address: 4700 Swallastar Dr |
| NEW Fort Rubie Fet 34653 |
| NOTE: If necessary, you may attach an addendum to the application listing additional |
| officers and or directors. |
| 2 Sursa Spale President |
| Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14 Gail 5 Zinger Sondan Porsidont |
| (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 PROPERTY TAX SPECIALISTS, INC. was filed on 03/21/1996, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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 a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of October one thousand nine hundred and ninety-seven.

Special Deputy Se

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SECRETARY OF STATE DIVISION OF CORPORATIONS