

TRANS	MITTAL LETTER		110
	Can Associate corporation - must include s		C.
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpor "Certificate of Existence", and check are subn transact business in Florida.			
Please return all correspondence concerning the	his matter to the following:	-	
David J. Sz	empruch		
	(Name of Person)		
David J. Sz	empruch, P. (Firm/Company)	'A	
5100 1 Tamic			
	(Address)	6000029 -05/06/	
Maples, Fl	34103	****	52.50 *****52.5
Should you need to call someone concerning to	(City/State/Zip) this matter, please call;		513586 79801082005 70.00 *****70.0
			98-10248
(Name of Person) at ((941) <u>X61- S</u> (Area Code & Daytime		 er)
COURIER ADDRESS:	MAILING AĎI	DRESS:	OWISF THE BOWN SECRET
Qualification/Tax Lien Section	Qualification/Ta	x Lien Section	5
Division of Corporations	Division of Corp	oorations	PH 3000
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL	32314	STATE STATIONS
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			0/15



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 6, 1998

DAVID J. SZEMPRUCH DAVID J. SZEMPRUCH, P.A. 5100 N TAMIAMI TR. #201 NAPLES, FL 34103

SUBJECT: ASHLEY NORMAN ASSOCIATES, INC.

Ref. Number: W98000010248

We have received your document for ASHLEY NORMAN ASSOCIATES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 098A00024964

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. Ashley Norman Associates, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2 New York 3. 11-3210362
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/23/94 5. <u>perpetual</u>
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. UPON Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(Current mailing address)
(Current maning address)
8. How lower business = 5 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) & 5 = 5
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
•
Office Address: 5100 M. Tamiami Tr. H20)
Maples , Florida, 34103
(Zip code)
10. Registered agent's acceptance:
1. Ingistered agent 5 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.
1 Cal / Cys
(Registered agent'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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)				
A. DIRE	ECTORS (Street address only - P.O. Box NOT acceptable)			
Chairman	и			
Address:			······································	
	· · · · · · · · · · · · · · · · · · ·			
Vice Chai	irman:			
Address:				
Director:	Frank Rabbito			
Address:	7 Lisa Lane			
	Terryville, NY 11776			
Director:	many Kay Rabbito			
Address:	7 lisa Lone		<u> </u>	
	Terryville, ny 11774	8	<u>></u> 86 -50 -50	
	ICERS (Street address only - P.O. Box NOT acceptable)			
President	: Frank Rabbito	<u></u>		
Address:	7 Lisa lane	<u>=</u>		
-	Terryville My 11776	30		
Vice Pres	ident: Mary Kay Rabbito			
Address:	7 Lisa Lane			
	Terryville NY 11776			
Secretary	·		*	
Address:				
	,			
Treasurer	Ţ <u></u>			
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13.	Krank ROGETO.			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14	(Typed or printed name and capacity of person signing application)			
	(xypea or printed name and capacity or person signing application)			

State of New York Department of State

I hereby certify, that the certificate of incorporation of ASHLEY NORMAN ASSOCIATES INC. was filed on 03/23/1994, 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 20th day of March one thousand nine hundred and ninety-eight.

Special Deputy Secretary of State

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SECRETARY OF STATE