F990000001632

To: Qualification/Tax Lien Section Division of Corporations		= = = = = = = = = = = = = = = = = = = =
SUBJECT: RIGHEL SECURITIES (Name of corporation	INC.	를
(Name of corporation	n - must include suffix)	
Dear Sir or Madam:	600C	02806116 03715/9901116005 *****78.75 *****78.7
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to retransact business in Florida.		oreign corporation to
		w99-6221
Please return all correspondence concerning this matter		
MICHAEL TORK	Person) TIES, INC.	
(Name of	Person)	mr:
RICKEL SECUL	TIES, INC.	<u>=</u>
(Firm/Con	npany)	<u> </u>
45 E35EX "S	NT 07041 re/Zip)	
(Addre	ess)	
MILLBURN	NT 07041	S
(City/Stat	re/Zip)	SECPIT 99 MAR
	_	易過
Should you need to call someone concerning this matter, please call:		26 26
		3 = 0
(Name of Person) at (Area of Area of A	379 -0300	SECONT STATE 9 MAR 26 PM 2: 49 Number
(Name of Person) (Area	Code & Daytime Telephone	Number)
		1
		inth
STREET ADDRESS:	MAILING ADDRESS:	= -
Qualification/Tax Lien Section Division of Corporations	Qualification/Tax Lien Sect Division of Corporations	-
409 E. Gaines St.	P.O. Box 6327	=
Tallahassee, FL 32399	Tallahassee, FL 32314	-
Enclosed is a check for the following amount:		-
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 15, 1999

MICHAEL TORRES RICKEL SECURITIES, INC. 45 ESSEX ST. MILLBURN, NJ 07041

SUBJECT: RICKEL SECURITIES, INC.

Ref. Number: W99000006221

We have received your document for RICKEL SECURITIES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, 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) 487-6097.

Michael Mays Document Specialist

Letter Number: 699A00012339

99 HAR 26 PH 2: 49

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. RICKE	L SECULITIES	, INC.		· · · · · · · · · · · · · · · · · · ·		
(Name of corpo	ration; must include the wo	rd "INCORPORATE	D", "COMPA	NY", "CORPORA	ATĪŌN" or	
natural person o	viations of like import in lar or partnership if not so conta	iguage as will clearly sined in the name at p	indicate that resent.)	it is a corporation	ınstead of a	
		-	·		_	
2. NEW	JESSY under the law of which it i		3.	La-348a	135	
(State or country	under the law of which it i	s incorporated)		(FEI number, if	applicable)	
4	12/17/96 e of incorporation)	5	PERPET	NAL	<u>-</u>	~ -
						tual")
6	Ulon QUALIF transacted business in Flor	ICATION				
(Date first	transacted business in Flor	ida.) (SEE SECTION	S 607.1501, 6	07.1502 and 817.	155, F.S.)	
7	•		, 			
<u> </u>	<u>5 ES3EX ST.</u> (0	MILLBUAN	NJ	07041		
-	(0	urrent mailing addres	ss)		-	<u> </u>
San	oller On win on			-		0
8. Purposes	eHies Brokerage F	in home state on some			=	NVM 66
					•	
9. Name and stre	et address of Florida re	gistered agent: (P.	O. Box or M	Iail Drop Box <u>N</u>	OT acceptab	
Name: _	EDWARD Mcwic	Liams	_		<u></u> 	
Office Address: _	13400 South (CLEVELAND AV	e Su. Je	201		2: 4
	FT, myers		Florida	33907	=== ===	ο <u>ξ</u>
_				(Zip code)	-	
10. Registered ag	gent's acceptance:					
77	# • <i>p</i>					
in inis application, I	l as registered agent and to I hereby accept the appoint	tment as registered as	ent and agre	e to act in this car	nacity. I furth	ter agree to
comply with the pro	visions of all statutes relati	ve to the proper and	complete per	formance of my d	uties, and I a	n familiar with
ana accept the optig	rations of my position as re	gisterea agent.			_	
	(P.	oistone 3				
		gistered agent's signa	·		_	
11. Attached is a ce	rtificate of existence duly a	uthenticated, not mor	e than 90 day	s prior to delivery	of this applic	ation 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.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA RIGHTL SECULIFIES, 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.) NEW TERSEY

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

12/17/96

5. PERETMAL

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 45 ESSES ST. Anabanan (Current mailing address) Securities Broksrage F. 1. 10

(Purpose(s) of corporation anthorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable); Eburgs Mewiceians Name: 1,3400 South Clevecaus Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept pervice of process for the above stated corporation at the place designated in this application, I hereby accept the appointment us 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 viligations of my position as registered agent.

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.

(Registered agent s signature)

12. Names a	and addresses of officers and/or directors: (Street addr	ress ONLY -	P.O. Bo	x NOT acce	eptable)		
A. DIRECT	FORS (Street address only - P.O. Box NOT acceptain	ble)		÷	<u>~</u>		
Chairman: _	JOHN C SABO			-	=	•	-
Address:	184 ARAST ANG	<u> </u>	23 _	WHite	OAK	Ridge	ROAD
	SUMMIT NO DOGO	5	HORT	HILLS	= NJ	0	7078
Vice Chairm	an:	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
Address:	Market and the second s		-				
Director:							
					=		
				****	<u>"</u>		
Director:							
							-
<u> </u>	17 H 27 W. W.						
B. OFFICI	ERS (Street address only - P.O. Box NOT accep	otable)					
President:	ARNOLD I COHEN						0
	120 NOTTINGHAM DR.				=: =-	.H 66	V SEC
	WATCHUNG No 07060	F .		2-4	4	R 2	
Vice Presider	nt:					79	- <u>;</u> =0
Address:		<u> </u>			1	5	THE
						\$	Carit G
Secretary:	JOHN C. SABO				· 	-	: .
Address:	124 HOBART RUE	303 W	HITC	OAK	Ē, Dee	ROAL	5 .
	SUMMIN NOT RESTOR	SHERET			0107		-
Treasurer:	ANTHONY D. BRANCA						
Address:	1228 MAGNOLIA PLACE.	-					
	UNION NJ 07033			_::			= = =
NOTE: If no	ecessary, you may attach an addendum to the applicati		lditi anal	off one on d	/=- 4:		
13.	Children and SRVP	ion nsung ac	luttional	omcers and	or directors	•	
. J	(Signature of Chairman, Vice Chairman, or any of	ficer listed i	n numbe	12 of the a	pplication)		
14		SRVP			<u>==</u> 		
	(Typed or printed name and capa	acity of perso	n signin	g application	n) =		·····



