

REFERENCE

:# 393290

7190905

AUTHORIZATION

COST LIMIT

September 30, 1999 ORDER DATE :

ORDER TIME : 10:40 AM

ORDER NO. : 393290-005

7190905 CUSTOMER NO:

CUSTOMER: Mr. Frank Mendez

Riverside Capital Advisors

Suite 204

1650 S.e. 17th Street

Fort Lauderdale, FL 33316

FOREIGN FILINGS

NAME:

GLAVES AND ASSOCIATES, INC.

(TYPE: CO) XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Mimi Stephens

TRANSMITTAL LETTER

	ion/Tax Lien Section of Corporations	-
SUBJECT:	Glaves and Associates, Inc.	
	(Name of corporation - must include suffix)	
Dear Sir or Madan	n:	_
The enclosed "Ap "Certificate of Exi to transact busines	plication by Foreign Corporation for Authorization to Transactistence, and check are submitted to register the above references in Florida.	t Business in Florida", ed foreign corporation
Please return all co	orrespondence concerning this matter to the following:	
•	Howard L. Glaves	<u></u>
-	(Name of Person)	•
	Glaves and Associates, Inc.	<u>_</u> =
_	(Firm/Сотралу)	
	50 Galesi Drive	
	(Address)	
	Wayne, NJ 07470	
<u></u>	(City/State/Zip)	,
		-
Should you need t	to call someone concerning this matter, please call:	_
Karen Pre	stianni at (973) 812-8662	
(Name o	F Person) (Area Code & Daytime Telepho	ne Number)
STREET ADDRE	ESS: MAILING ADDRESS:	
Qualification/Tax 2 Division of Corpor 409 E. Gaines St. Tallahassec, FL 3	rations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a chee	ck for the following amount:	
☐ \$70.00 Filing	Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy	S\$7.50 Filing Fcc, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			E)	A TOP
IN COMPLIANT REGISTER A FO	CE WITH SECTION 607.1503. FLORIDA DREIGN CORPORATION TO TRANSAC	A STATUTES, THE FOLLOWI TBUSINESS IN THE STATE O	NG IS SUBMITTED TO F FLORIDA.	
			<u></u>	C. 75
words or abbro	c/o Riverside Tax Lien Service Corp. dress: 1650 SE 17th St., Suite 204 Fort Lauderdale , Florida, 33316 (Zip code) stered agent's acceptance: en named as registered agent and to accept service of process for the above stated corporation at the place designated in ation, I hereby accept the appointment as registered agent and agree to det in this capacity. I further agree to comply revisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept thous of my position as registered agent. By: Howal Places Toward Places (Registered agent's signature) Howard Glaves			
z New 3	ersey	3. 223102694	ि स् च न्न	
(State or count	y under the law of which it is incorporated)	(FEI number.	if applicable)	
4 12-17			<u>-</u>	
(D:	te of incorporation) (Duration: Year corp. will cease to	exist or "perpetual")	
6. Upon (Qualification		<u> </u>	
(Date fix	it transacted business in Florida.) (SEE SEC	TIONS 607.1501, 607.1502 and 8	17.155, F.S.)	
750 Ga	lesi Drive			
Wayne	, NJ 07.470	-	 -	
	(Current mailing ac	idress)		
(Purpose	(s) of corporation authorized in home state o	r country to be carried out in state	of Florida)	ousiness: —
Name:	Howard L. Glaves		. —	- .
1	c/o Riverside Tax Lien	Service Corp.	- 	
Office Address:	1650 SE 17th St., Sur			<u></u> .
	Fort Lauderdale _		<u>-</u>	
	•	•		
this application, I with the provision	hereby accept the appointment as registered as of all statutes relative to the proper and con my position as registered agent.	agent and agree to act in this caping plete performance of my duties, of the second of	actry. I jurther agree to co and I am familiar with and	ımpıy
11. Attached is a Department of Str	certificate of existence duly authenticated, notet, by the Secretary of State or other official h	proce than 90 days prior to delive	ry of this application to the	: the law of

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

which it is incorporated.

1				·#:	ä.
A. DIRECT	ORS (Street address only - P.O. Box NOT	occeptable)		<i>7</i> =	Z.O.
	NZA				- 30 mg
Chairman:			· · · · · · · · · · · · · · · · · · ·		و برع
Address:				<u> </u>	- }-
<u> </u>				<u> </u>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Vice Chairm	an: N/A			100 mg	
i				Ė	·
Address:				-	
<u> </u>	N/A	*		¥' ,≃	-
Director:			1		
Address:			'	-	
	· ·			<u> </u>	
Director:	N/A				
Director:					•
Address:					
B. OFFICI	ERS (Street address only - P.O. Box N	OT acceptable)			
President:	Howard L. Glaves			· = <u>=</u>	
Address:	50 Galesi Drive			 <u>-</u>	•
//ddrcas	Wayne, NJ 07470				
_					
Vice Preside	nt: N/A	<u> </u>			
Address:				=	
-	Howard L. Glaves				
Secretary: _			. <u></u>		
Address:	50 Galesi Drive	<u> </u>		<u></u>	
	Wayne, NJ 07470	· · · · · · · · · · · · · · · · · · ·			
Treasurer: _	N/A				
Address: 1					
Maniego: 🗀	;				
	necessary, you may attach an addendum to t	he application listing additi	onal officers a	nd/or direct	OTS.
	H d llange				
13	(Signature of Chairman, Vice Chairm	an, or any officer listed in n	umber 12 of th	re application)n)
	Howard L. Glaves				

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