

# F990000005307

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Richard W. Greco, C.P.A., P.C.  
(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", 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:

Richard W. Greco  
(Name of Person)

Richard W. Greco, C.P.A., P.C.  
(Firm/Company)

PMB 345, 36181 EAST LAKE ROAD  
(Address)

PALM HARBOR, FL 34685  
(City/State/Zip)

200003013802-6  
-10/13/99-01058-005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Should you need to call someone concerning this matter, please call:

Richard W. Greco at (727) 934-1030  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
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

Enclosed is a check for the following amount:

- \$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

Richard Greco **GAVE**

**AUTHORIZATION BY PHONE TO**  
**CORRECT** date first transacted business  
**DATE** 10-15-99 INFL  
**DOC. EXAM.** JB

99 OCT 13 AM 9:46  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JB  
10-15-99



**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: RICHARD W. GRECO

Address: 4253 ELLINWOOD BLVD.

PALM HARBOR, FL 34685

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: RICHARD W. GRECO

Address: 4253 ELLINWOOD BLVD.

PALM HARBOR, FL 34685

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Richard W. Greco

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RICHARD W. GRECO - PRESIDENT

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

RICHARD W. GRECO, CPA, P.C.  
With the Previous or Alternate Name  
STRATEGIC MANAGEMENT SOLUTIONS

I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Professional Corporation was  
registered by this office on September 17, 1998.

As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.

I further certify that the registered agent and  
registered office are:

Richard W Greco  
160 Lawr Penn Rd 16-160  
Lawrenceville, NJ 08648

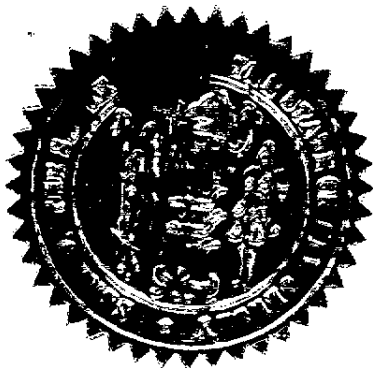
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

RICHARD W. GRECO, CPA, P.C.  
With the Previous or Alternate Name  
STRATEGIC MANAGEMENT SOLUTIONS

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
5th day of October, 1999



*Roland M Machold*

Roland M Machold  
Treasurer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA