

FO4000006572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

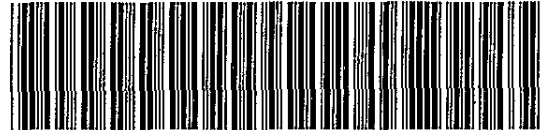
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TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E. N. S. CREDIT INC.

(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:

Jacob Glick

(Name of Person)

Jacob Glick CPA P.C.

(Firm/Company)

1454 42nd Street

(Address)

Brooklyn NY 11219

(City/State and Zip code)

For further information concerning this matter, please call:

Jacob Glick or Abraham Tambor

(Name of Person)

at 718-972-0187

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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

## 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. E.N.S. CREDIT INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. 20-0682639

(FBI number, if applicable)

4. 4/8/2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1403 44TH STREET #227, BROOKLYN NY 11219

(Principal office address)

1403 44TH STREET #227, BROOKLYN NY 11219

(Current mailing address)

8. To engage in any lawful act or activity

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BlumbergExcelsior Corporate Services, Inc.

Office Address: 4435 Old Winter Garden Road

Orlando

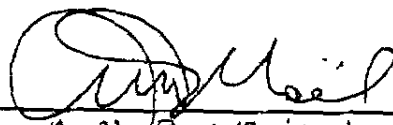
(City)

Florida 32811

(Zip code)

10. Registered agent's 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.

  
Ass't Sec'y (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 business addresses of officers and/or directors:

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 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

## A. DIRECTORS

Chairman Eliezer N Schweber

Address: 1403 44th Street #227, Brooklyn NY 11219

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

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

Director \_\_\_\_\_

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

Director \_\_\_\_\_

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

## B. OFFICERS

President: Eliezer N Schweber

Address: 1403 44th Street #227, Brooklyn NY 11219

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

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

Secretary: Eliezer N Schweber

Address: 1403 44th Street #227, Brooklyn NY 11219

Treasurer Eliezer N Schweber

Address: 1403 44th Street #227, Brooklyn NY 11219

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

13. Eliezer N Schweber

(Signature of Director or Officer listed in number 12 of the application)

14. Eliezer N Schweber, President/Director

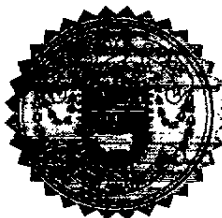
(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "E.N.S. CREDIT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2004.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3455942

DATE: 11-04-04