

F15000005245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

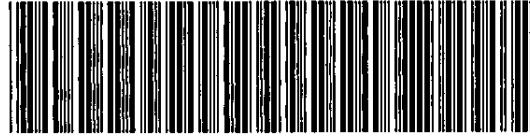
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279418006

600279418006
11/24/15--01032--004 **87.50

FILED
2015 NOV 24 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 30 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINANCIAL SERVICES CENTER ASSET MANAGEMENT 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," or "Certificate of Good Standing" 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:

MICHAEL K. LEVY
Name of Person

FINANCIAL SERVICES CENTER ASSET MANAGEMENT INC.
Firm/Company

3944 RT 9G
Address

RED HOOK NY 12571
City/State and Zip code

MLEVY@FINSERCTR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH GRINDMAN at (845) 876-1919
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. FINANCIAL SERVICES CENTER ASSET MANAGEMENT INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FSC ASSET MANAGEMENT INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK (State or country under the law of which it is incorporated) 3. 20-0315142 (FEI number, if applicable)

4. 8/13/2003 (Date of incorporation) 5. N/A (Date of duration, if other than 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. 3944 RT 9G RED HOOK, NY 12571 (Principal office address)

(Current mailing address, if different)

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

Name: MICHAEL A. BRAUN

Office Address: 10128 40TH DRIVE SOUTH

BOYNTON BEACH, Florida 33436 (City) (Zip code)

FILED 2018 NOV 24 PM 2:41 SECRETARY OF STATE TALLAHASSEE FLORIDA

9. 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.

Michael A. Braun

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL K. LEVY

Address: 30 METZGER RD

RED HOOK, NY 12571

Vice President: JOSEPH F. CHRISTIANA

Address: 272 COUNTY RT. 11

PINE PLAINS, NY 12567

Secretary: _____

Address: _____

Treasurer: SARAH GRUNDMAN

Address: 42 SANDY LANE, SELKIRK, NY 12158

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

12. Michael K. Levy

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Michael K. Levy President

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

2015 NOV 21 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of FINANCIAL SERVICES CENTER ASSET MANAGEMENT INC. was filed on 08/13/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with 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 an existing corporation. I further certify the following:

A Biennial Statement was filed 10/12/2005.

A Biennial Statement was filed 08/09/2007.

A Biennial Statement was filed 08/04/2009.

A Biennial Statement was filed 08/08/2011.

A Biennial Statement was filed 08/06/2013.

A Biennial Statement was filed 08/03/2015.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of November
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State