



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

August 1, 2014

1408020076

JAMES SHIRLEY
NIELSON & ASSOCIATES LTD
19 PARK AVE
MANHASSET, NY 11030

RECEIPT

RE: NIELSON & ASSOCIATES, LTD.

ID: F188097 - 2

DCN: 14-07-28-0051

Dear Customer:

This receipt acknowledges payment of \$10.00 to cover the fee for filing with this office an application for a certificate of withdrawal on behalf of the above-referenced corporation to withdraw its certificate of authority to transact business in Virginia.

The certificate of withdrawal was issued with an effective date of August 1, 2014. A copy of the certificate is enclosed.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

DTWRCPT
CISLFD

Nielson & Associates, LTD
19 Park Ave
Manhasset, NY 11030
Phone: 516-627-0822 Fax: 516-627-5247

MEMO		Page 1
ACCOUNT NO.	OP	DATE
NIELS-2	IN	07/22/2014

1408020076

Nielson & Associates, Ltd.
Jim Shirley
19 Park Ave
Manhasset, NY 11030

Name Availability Done In:
Initials: _____ Conflict with ID#: _____
eFile: _____
CIS: _____

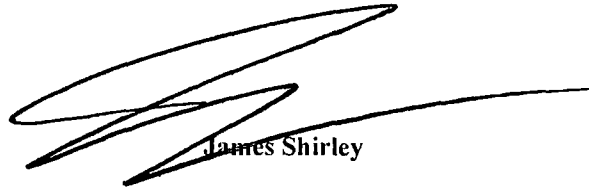
2/31 AX F1880972
140728: 0051 \$10

Ret: + INSURED

Enclosed, please find the application for a certificate of Withdrawal for Virginia.

It has been advised that number 7: The Corporation certifies: that it is not required to file any return or pay any state taxes. Our business has never done business in the state of Virginia, and therefore would have no applicable taxes. We were planning to insure a company in Virginia but it never materialized.

Regards,


James Shirley

(NY Withdrawal)

10
Michi
7/31/14

2014 JUL 28 PM 1:17
STANDARD OFFICE

1408020076

CIS0343 CIS 07/31/14
1 71 CISM0180 CORPORATE DATA INQUIRY 11:03:09

CORP ID: F188097 - 2 STATUS: 00 ACTIVE STATUS DATE: 12/01/11
CORP NAME: NIELSON & ASSOCIATES, LTD.

DATE OF CERTIFICATE: 12/01/2011 PERIOD OF DURATION: INDUSTRY CODE: 35
STATE OF INCORPORATION: NY NEW YORK STOCK INDICATOR: S STOCK
MERGER IND: CONVERSION/DOMESTICATION IND:
GOOD STANDING IND: Y MONITOR INDICATOR:
CHARTER FEE: 50.00 MON NO: MON STATUS: MONITOR DTE:
R/A NAME: INCORP SERVICES INC

STREET: 7288 HANOVER GREEN DR AR RTN MAIL:

CITY: MECHANICSVILLE STATE : VA ZIP: 23111

R/A STATUS: 5 B.E. AUTH IN VI EFF. DATE: 12/01/11 LOC.: 142
ACCEPTED AR#: 213 16 2825 DATE: 11/04/13 HANOVER COUNTY
CURRENT AR#: 213 16 2825 DATE: 11/04/13 STATUS: A ASSESSMENT INDICATOR: 0
YEAR FEES PENALTY INTEREST TAXES BALANCE TOTAL SHARES
13 100.00 ✓ 200

COMMAND:
4A0 06,016

*NO other CO
w/ this name*

1408020075

CIS0343

CIS

07/31/14

1 71 CISM0250

MICROFILM INQUIRY

11:03:11

CORP ID: F188097 - 2 CORP STATUS: 00 ACTIVE

CORP NAME: NIELSON & ASSOCIATES, LTD. _____

COURT LOCALITY: 142 HANOVER COUNTY

TOTAL CHARTER FEES: 50.00

MICROFILM NO	DOCUMENT TYPE	DATE	CHARTER FEE	PAGES
11 12 01 0529	NEWC > NEW CHARTER	12/01/11	50.00	9

COMMAND:

4AÛ

06,014

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, AUGUST 1, 2014

The State Corporation Commission has found the application for a certificate of withdrawal submitted on behalf of

NIELSON & ASSOCIATES, LTD.

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF WITHDRAWAL

be issued and admitted to record with the application in the Office of the Clerk of the Commission, effective August 1, 2014.

STATE CORPORATION COMMISSION

By



Judith Williams Jagdmann
Commissioner

1408020076



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

SCC767/929
(07/12)

APPLICATION FOR A CERTIFICATE OF WITHDRAWAL
OF A FOREIGN CORPORATION AUTHORIZED TO TRANSACT BUSINESS IN VIRGINIA

The undersigned, on behalf of the foreign corporation set forth below, pursuant to § 13.1-767 or § 13.1-929 of the Code of Virginia, hereby makes this application for a certificate of withdrawal and states as follows:

1. The name of the corporation is

Nielson & Associates, LTD

2. The name of the state or country under whose law the corporation is or was incorporated is

New York

3. The corporation certifies that [mark appropriate box]:

It is in existence and has not been merged into or consolidated with another entity, or converted into another type of entity; or

It has been merged into or consolidated with another entity, or converted into another type of entity, and the application is signed on behalf of the corporation by the surviving or resulting entity.

4. The corporation revokes the authority of its registered agent to accept service on its behalf and appoints the Clerk of the Commission as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in Virginia.

5. The mailing address to which the Commission may mail a copy of any process served on the Clerk of the Commission as agent for the corporation is

19 Park Avenue, Manhasset NY 11030

6. The corporation is not transacting business in Virginia, surrenders its authority to transact business in Virginia, and commits to notify the Clerk of the Commission in the future of any change in its mailing address.

7. The corporation certifies that [mark appropriate box]:

It has filed returns and has paid all state taxes to the time of this application; or
(APPROPRIATE FOR STOCK AND NONSTOCK CORPORATIONS)

It is not required to file any return or pay any state taxes.
(APPROPRIATE ONLY FOR NONSTOCK CORPORATIONS)

Signed on behalf of the corporation by:

(signature)

JAMES A. SHILLER
(printed name)

11-3228614
(corporation's SCC ID No.)

(title)

7/25/14
(date)

516-627-0822
(telephone number (optional))

IMPORTANT: See Instructions for execution requirements.

Personal Information, such as a social security number, should NOT be included in a business entity document submitted to the Office of the Clerk for filing with the Commission. For more information, see Notice Regarding Personal Identifiable Information on the Clerk's Office Home Page.

SEE INSTRUCTIONS ON THE REVERSE

Provide a name and mailing address to which correspondence regarding the filing of this document is to be sent. (If left blank, it will be sent to the address on a cover letter, if any, or the address set forth in paragraph 5, above.)

Nielson & Associates, LTD
(name)

19 Park Avenue, Manhasset NY 11030
(mailing address)

1408020076