

F 15000003860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

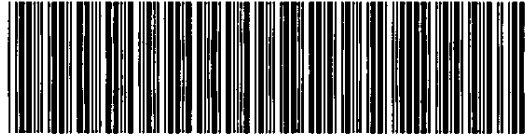
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP -2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MicroFirst Associates, 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:

Daniel Scarpa

Name of Person

MicroFirst Associates, Inc.

Firm/Company

445 Godwin Ave

Address

Midland Park, NJ 07432

City/State and Zip code

accounting@microfirst.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Scarpa

201

416-4074

at ()

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.

MicroFirst Associates, Inc.

1. (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. New Jersey 3. 22-2783590 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/19/1985 5. (Date of incorporation) (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. 445 Godwin Ave, Midland Park, NJ 07432 (Principal office address)

(Current mailing address, if different)

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

Name: United States Corporation Agents, Inc.

Office Address: 13302 Winding Oaks Court, Suite A

Tampa, Florida 33612 (City) (Zip code)

15 SEP -2 AM 11:19 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.

(Registered agent's signature) Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents, Inc.

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: John Scarpa
Address: 34 Hillside Ave
Midland Park, NJ 07432

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

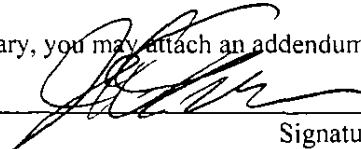
President: John Scarpa
Address: 34 Hillside Ave
Midland Park, NJ 07432

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

12. 
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. John Scarpa, President
(Typed or printed name and capacity of person signing application)

15 SEP -2 AM 11:18
SECRETARY OF STATE
TREASURY DIVISION

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

MICROFIRST ASSOCIATES, INC.

0100282144

With the Previous or Alternate Name

MICROFIRST GAMING INC. (Alternate Name)

MICROFIRST INC. (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 19, 1985.

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:

*John Scarpa
445 Godwin Ave
Midland Park, NJ 07432 1507*



Certification# 136946227

IN TESTIMONY WHEREOF I have
hereunto set my hand and affixed
Official Seal at Trenton, this
23rd day of July, 2015

15 SEP - 2 AM 11:29
SECRETARY OF TREASURY
MIDLAND PARK, NJ
FILED

Robert A. Romano

Robert A Romano
Acting State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp