

F16000000833

(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

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TALLAHASSEE FLORIDA

K. SALLY
EXAMINER
FEB 25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECORDED

2016 FEB 24 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 22, 2016

JUDY SELLEAL
FLEETWAY ASSOCIATES, INC.
200 W STREET RD.
FEASTERVILLE, PA 19053

SUBJECT: FLEETWAY ASSOCIATES, INC.
Ref. Number: W16000013062

We have received your document for FLEETWAY ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00003642

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fleetway 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:

Judy Seley
Name of Person
Fleetway Associates Inc
Firm/Company
200 W. Street Road
Address
Feasterville PA 19053
City/State and Zip code
Judy@ColonialVWSubaru.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Seley at (215) 353-8800 x106
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. Fleetway Associates 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. Pennsylvania 3. 232251505
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/13/1983 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 200 W Street Rd, Feasterville PA 19053
(Principal office address)

(Current mailing address, if different)

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

Name: Rent Max Miami, Inc

Office Address: 4120 NW 28th St
Miami, Florida 33142
(City) (Zip code)

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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.

[Signature]
(Registered agent's signature)
Ar. Weinrad

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: William S. Stamps
Address: 200 W. Street, Rd. Feasterville PA 19053

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HARRISBURG, PA 17120

Vice Chairman: William S. Stamps
Address: 200 W STREET Rd Feasterville PA 19053

Director: William S. Stamps
Address: 200 W STREET Rd. Feasterville PA 19053

Director: _____
Address: _____

B. OFFICERS


President: William S. Stamps
Address: 200 W. Street, Rd., Feasterville PA 19053

Vice President: William S. Stamps
Address: 200 W. Street, Rd Feasterville PA 19053

Secretary: William S. Stamps
Address: 200 W Street Rd, Feasterville PA 19053

Treasurer: William S. Stamps
Address: 200 W Street Rd Feasterville PA 19053

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. William S. Stamps
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/18/2016

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FLEETWAY ASSOCIATES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160218100390-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>