F1600001348

| (Requestor's Name) | | | | | | |
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| (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: CAT. WIV-15037 | | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2016

JULIUS MAGYAR 3755 SPINNAKER COURT FORT PIERCE, FL 34946-1914

SUBJECT: JULIUS MAGYAR ASSOCIATES, INC.

Ref. Number: W16000015037

We have received your document for JULIUS MAGYAR ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Mason Regulatory Specialist II

Letter Number: 416A00004211

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MELVIN B. NEISNER, JR., P.C. Attorney at Law

505 KILLINGTON ROAD, P. 0. BOX 186 KILLINGTON, VERMONT 05751

MELVIN B. NEISNER, JR.

TELEPHONE: (802)773-3366 E-MAIL <u>mbneisner@aol.com</u> FAX: (802) 773-4244

March 8, 2016

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Jules Magyar Associates, Inc.

Our file #2224-001

Ref. Number: W16000015037

Dear Sir/Madam:

Enclosed please find a revised Application by Foreign Corporation for Authorization to Transact Business in Florida which corrects the corporate name to Jules Magyar Associates, Inc and the Certificate of Good Standing with respect to the above along with a copy your letter dated March 1, 2016. A check was previously sent in the amount of \$78.75.

Sorry for not enclosing it originally, but we just received it in the mail from the Vermont Secretary of State.

Sincerely, yours,

Melvin B. Neisner, /J:

MBN:pln Enclosures

COVER LETTER

| | ration Section on of Corporations | | | | |
|--|---|-------------------|--|---|--|
| | JULES MAGYAR ASSOC | IATES, INC. | | | |
| SUBJECT: | Name | e of corporation | - must include suffix | | |
| Dear Sir or Ma | dam: | | | | |
| "Certificate of | Application by Foreign (Existence," or "Certifica ed foreign corporation to | te of Good Star | iding" and check are sul | | |
| Please return al | II correspondence concer YAR | ning this matter | to the following: | | |
| | · · · · · · · · · · · · · · · · · · · | Name of | Person | | |
| JULES MAGYA | AR ASSOCIATES, INC. | | | | |
| | | Firm/Com | pany | · · · · · · · · · · · · · · · · · · · | |
| 3755 SPINNAK | ER CT. | | | | |
| | | Addre | ess | | |
| FORT PIERCE, | FL 34946-1914 | | | | |
| | | City/State ar | nd Zip code | , | |
| amagyar@earthl | ink.net | • | • | | |
| | E-mail addres | ss: (to be used f | or future annual report | notification) | |
| For further info | rmation concerning this | matter, please c | all: | · | |
| JULIUS MAGY | AR | 772 | 464-3725 | | |
| Name (| of Person | Area Code | Daytime Telep | Daytime Telephone Number | |
| Registra Division Clifton 2661 Ex Tallahas | ET/COURIER ADDREST ation Section of Corporations Building secutive Center Circle ssee, FL 32301 seck for the following am | | MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | |
| ⊐ \$ 70.00 Filin _i | g Fee \$78.75 Filir Certificate | | \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & | |

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.

| (Enter name of e | corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.") | ED," " | COMPANY," "CORPORATION | J," | |
|-------------------------------|---|------------|---|---------------------------|--|
| | • | | · | | |
| (If name unavail | able in Florida, enter alternate corporate na | ame ado | opted for the purpose of transacting | g business in Florida) | |
| VERMONT 2. | | 03-0324639 | | | |
| (State or count 05/01/1990 | ry under the law of which it is incorporated | <u> </u> | (FEI number, if applicable) | | |
| (Date | e of incorporation) | . 5 | (Date of duration, if other | than perpetual) | |
| 6. | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 | | orida, if prior to registration), F.S., to determine penalty liabilit | ty) | |
| 7 | ER CT. FORT PIERCE, FL 34964-1914 | | , , | -2.1 | |
| | (Pr | incipal | office address) | | |
| | (Current m | ailing a | ddress, if different) | | |
| | et address of Florida registered agent: | (P.O. I | Box NOT acceptable) | IS MAR 21 | |
| Office Address: | 3755 SPINNAKER CT | | | TOF TO | |
| • | FORT PIERCE | J | 34964-1914 , Florida | 4: 04, STATE ORIDA, | |
| | (City) | | (Zip code) | - - | |

). Registered agent's acceptance:

Taving been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

3/8/16

3. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to be Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ander the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS <u>JULIUS</u> MAGYAR Chairman: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 ANNE MAGYAR Vice Chairman: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 JULIUS MAGYAR Director: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 Address: ANNE MAGYAR Director: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 Address: B. OFFICERS JULIUS MAGYAR President: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 Address: ANNE MAGYAR Vice President: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 Address: _ ANNE MAGYAR Secretary: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 Address: JULIUS MAGYAR Treasurer: 3755 SPINNAKER CT FORT PIERCE, FL 34964-1914 Address: **NOTE:** If necessary you may attach an addendum to the application listing additional officers and/or directors. 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. TULES MAGYAR, PRESIDENT

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

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

JULES MAGYAR ASSOCIATES, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Apr 06, 1990.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

February 24, 2016

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.

FREEDOM PARTY OF THE PARTY OF T

James C. Condos Vermont Secretary of State

Business ID: 0105260

Certificate Number: 2013228841001