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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2024

THOMAS J. GIRONE, CPA
224 STRAWBRIDGE DRIVE, SUITE 303
MOORESTOWN, NJ 08057 US

SUBJECT: ZOOK DINON PA
Ref. Number: W24000047561

We have received your document for ZOOK DINON PA and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

This also applies to professional associations.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 624A00006381

April 3, 2024

Per discussion with Harris from the Division of Corporations, to address the above deficiency, we just need to add the word "Corp." after Zook Dinon PA. This has been adjusted on the Cover Letter "Subject" line and on Line 1 of the application, accordingly.

Please let me know if anything further is needed to process our application. Thank you.

Regards,

A handwritten signature in black ink, appearing to read "Thomas J. Girone".

Thomas J. Girone, CPA

RECEIVED

APR 09 2024

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Zook Dinon PA Corp.

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:
Thomas J. Girone, CPA

Name of Person
Zook Dinon PA
Firm/Company
224 Strawbridge Drive, Suite 303
Address
Moorestown, NJ 08057
City/State and Zip code
tgirone@zdcpcas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. Girone	856	380-1128	
_____	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.

1. Zook Dinon PA Corp.
 (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. 22-2746484
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 29, 1986 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. 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057
 (Principal office address)

 (Current mailing address, if different)

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

Name: Thomas J. Girone


Office Address: 14825 Front Beach Road, Unit 1008

Panama City Beach Florida 32413
 (City) (Zip code)

2024 APR -9 AM 3:53

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)

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: None

Address: _____

Vice Chairman: None

Address: _____

Director: Stephen P. Gessner, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

Director: Thomas J. Girone, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

B. OFFICERS

President: Stephen P. Gessner, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

Vice President: None

Address: _____

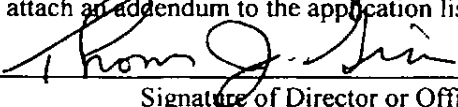
Secretary: Andrew R. Beck, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

Treasurer: Stephen P. Gessner, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

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. Thomas J. Girone, CPA - Director
(Typed or printed name and capacity of person signing application)

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

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: None

Address: _____

Director: Andrew R. Beck, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

Director: Susan M. Haggerty, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

B. OFFICERS

President: _____

Address: _____

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

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

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

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: None

Address: _____

Director: Karen A. Hess, CPA

Address: 224 Strawbridge Drive, Suite 303, Moorestown, NJ 08057

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

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

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

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

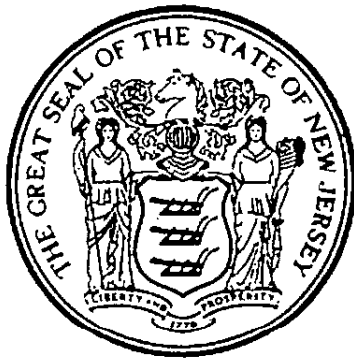
**ZOOK DINON PA
0100312519**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on September 29, 1986.

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 office are:

**STEPHEN GESSNER
224 STRAWBRIDGE DRIVE
SUITE 303
MOORESTOWN, NJ 08057**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
6th day of March, 2024*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6151462342

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp