# F09000001144

(Requestor's Name)					
(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:					
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Office Use Only



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W9-9802

T. Burch MAR 2 0 2009

## ' COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJ	IECT:	SGBIZS	ervices, Inc.			
	<del></del>	(Name of corpo	oration - must include suffi	x)		
Dear S	Sir or Madam:					
"Certi		e," and check are submitted	n for Authorization to Trans d to register the above refer	sact Business in Florida," renced foreign corporation to		
Please	return all corresp	ondence concerning this m	natter to the following:			
		Steven =	T. GARA ne of Person)			
		(Nan	ne of Person)			
		SGBIZS	entices, INC			
			* * * * * * * * * * * * * * * * * * * *			
		2838 CAYENNE COOPER CÎTY (City/Si	Avenue			
		. (4	Address)			
		Cooper CITY	tota and 7 in and a)	···		
		(City/Si	iale and Zip code)			
For fur	ther information of	concerning this matter, plea	ase call:			
	STEVE GAR	24 at (3)	OT 1491-0417			
	(Name of Person) at (305) 491-0417 (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: New Filing Section			MAILING ADDRESS: New Filing Section			
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301			Tallahassee,	Tallahassee, FL 32314		
Enclose	ed is a check for the	he 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 &		



March 2, 2009

STEVEN J. GARA 2838 CAYENNE AVE COOPER CITY, FL 33026

SUBJECT: SGBIZ SERVICES, INC. Ref. Number: W09000009802

We have received your document for SGBIZ SERVICES, 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):

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) 245-6928.

Letter Number: 409A00007126

Tim Burch Regulatory Specialist II

Division of Corporations - P.O. ROY 6327 Tallahassaa Florida 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2009

STEVEN J. GARA 2838 CAYENNE AVE COOPER CITY, FL 33026

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Tim Burch Regulatory Specialist II

Letter Number: 409A00007126

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. SGBIZServices, INC.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	TED M 6
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing	
2. (State or country under the law of which it is incorporated)  (FEI number, if applicable	)
4. 9908 (Date of incorporation)  5. Perfectivel (Duration: Year corp. will cease to exist of	or "perpetual")
Principal office address)  P.O. BOX 1541 HALLANDALE PL 33008  (Current mailing address)  CONSULTING	<u> </u>
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	•
Name:STEWE GARA	
Name: Steve GARA  Office Address: 2838 CAJENNE AVE	
Cooper City B 2, Florida 3306 (Zip code)	
(City) (Zip code)	
0. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpo lesignated in this application, I hereby accept the appointment as registered agent and agree to ac	oration at the place ct in this capacity. I ormance of my duties

11. 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.

12. Names and business addresses of officers and/or directors

	es of officers and/or directors.	
A. DIRECTORS	c •	
Chairman:		
Address:		
Vice Chairman:		7 A T
		in the second
		97 <b>-</b>
		Sa F
Address:		
Director:		
Address:		
B. OFFICERS		
President:	WEN GARA	
Address:	even GARA  38 CAYENNE AVENUE  OPER CITY PL 33016	
	per city Re 33006	
Vice President:		
Secretary:		
Address:	,	
NOTE: If necessary, you may att	each an addendum to the application listing additional or	fficers and/or directors.
13	K M	
(Signature o	of Director or Officer listed in number 12 of the applica	tion)

Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SGBIZSERVICES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D.

2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
2009 MAR 19 PN 4: 42
SECHETARY OF STATE
TALLANASSEE, FLORIDA

4597343 8300

090249054

AUTHENT CATION: 7175098

DATE: 03-09-09

You may verify this certificate online at corp.delaware.gov/authver.shtml