

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

11111

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Fax Number

: (702)866-2500 : (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### FOREIGN PROFIT/NONPROFIT CORPORATION

AccuSource, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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# 4140002964363

11111

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations				
	Division of Corporations	<b>A-</b>			
SUBJ	ECT:	AccuS		<u> </u>	
	Name	of corporation	n - n	ust include suffix	•
Dear s	Sir or Madam:				
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Sta	ndin	g" and check are su	
Please	return all correspondence concern	ing this matt	er to	the following:	
	•	Yara Alfaro	-Su	litvan	
_		Name of	Pers	on	
	i	nCorp Sen	vices	, Inc.	
		Pirm/Co	npan	у	
	2360 C	corporate C	irde	, Suite 400	
		Add	ress		
	Н	enderson,	NV	B <b>907</b> 4	
		City/State	and Z	ip code	
	do	@etnemus	inco	rp.com	
	E-mail address	(to be used	für f	iture annual report.	notification)
For fur	ther information concerning this m	atter, please	call;		
Alfaro-S	Sulfiven for InCorp Services, Inc.	at ( 702	١	866-2500	
	Name of Person	Area	Code	& Daytime Teleph	one Number
	STREET/COURIER ADDRESS New Filing Section	š:		MAILING A	
Division of Corporations			New Filing Section Division of Corporations		
	Clifton Building			P.O. Box 632	
	2661 Executive Center Circle Tallahassee, FL 32301			Tallahassee, F	L 32314
Enclose	ed is a check for the following amo	vot:			
<b>□ \$</b> 70	.00 Filing Fee			8.75 Filing Fee & rtified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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08:45:57 a.m.

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# #140002964365

#### 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.

AccuSource	Employment Screening, Inc.			
(If name unavaile	ble in Florida, enter alternate corporate r	ame	idopted for the purpose of transacting busi	ness in Florida)
California		3.	33-0678905	
	under the law of which it is incorporate	d)	(FEI number, if applicab	le)
07/18/1995		5.	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")
Upon regis	tration			
4040 F 0-4	(SEE SECTIONS 607.1501 & 6	07.1	Florida, if prior to registration)  102, F.S., to determine penalty liability)	
1240 E. On	ario Ave. Suite 102-140, Coron			
1240 E. On	Principal offic tario Ave. Suite 102-140, Coro		,	
	(Current mailin	g add	ress)	18 , 17
Name and stree	st address of Florida registered agent:	(P.C	). Box NOT acceptable)	9.1 2.1 2.1
Name:	InCorp Services, Inc.			
ffice Address:	17888 67th Court North			
ffice Address:				
ffice Address:	Loxahatchee		, Florida 33470	(3) 22 (3)

#### 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.

> Yara E. Alfaro-Sullivan on behalf of InCorp Services, Inc. (Registered agent's signature)

10. Attached in 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.

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A. DIRECTORS		
Chairman:		······
Address:	<u> </u>	
Vice Chairman:		
Address:		<del></del>
Director:		
Address:		
Director:		
Address:		
B. OFFICERS  President:		
Address: 1240 E. Ontario Ave. Suite 102-140, Corona, CA 92881	\$6.4. 6.3	<del></del> ^
		<u> </u>
VIce President: Address:	ν, • η	1/2
Secretary: Lisa Holder	. D	-17-1
Address: 1240 E. Ontario Ave. Suite 102-140, Corona, CA 92881		
Tycasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	ove) affirms that the facts stated here at to the Department of State constit	cin utes
3. Lisa Holder, Secretary  (Typed or printed name and capacity of person signing a	pplication)	<del></del>
	·- , ·	

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## 4170004767563

# State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ACCUSOURCE, INC.

FILE NUMBER:

C1766943

FORMATION DATE:

07/18/1995

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 19, 2014.

Jeha Boven

DEBRA BOWEN
Secretary of State

RML

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