# 722000003663

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S. FRANKLIN
JUN 1 3 2022

#### **COVER LETTER**

_	ration Section on of Corporat	ions				
SUBJECT:	ComServe Corp	ooration				
SODULET?		Name of corporati	on - mu:	st include suffix		
Dear Sir or Ma	ıdam:					
"Certificate of	Existence," or	y Foreign Corporation for "Certificate of Good St poration to transact busi	anding"	and check are sub-	et Business in I mitted to regist	Florida," ter the
Please return a	II corresponde	nce concerning this mat	er to the	following:		
Stacia Walker						2021 1531 13
		Name o	of Perso	n	<del></del>	
Russell Tax and	Consulting					1.1. ·
		Firm/Co	mpany		· .	
1010 Pennsylva	nia Ave					PH
		Ad	dress		· -	<u>ب.                                 </u>
Tyrone, PA 166	86	·			•	<u></u>
		City/State	and Zi	o code		
swalker@russel		•				
	E.	mail address: (to be use	d for fut	ure annual report n	otification)	
For further info	ormation conc	erning this matter, pleas	e call:			
Stacia Walter		at ( <u>814</u>	)	e) Daytime Telephone Number		
Name	of Person	Area C	ode	Daytime Telepl	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a c Please make che \$70.00 Filin	eck payable to:	ollowing amount: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified Copy	S87.50 F Certified Certified	ate 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.

ComServe Corpo	pration	`			
	orporation: must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	." "COMPANY," "CORPORATION,"			
ComServe Corp	oration (UA)				
(If name unavaila	ble in Florida, enter afternate corporate name		ousiness in Florida)		
<sub>o</sub> Virginia	3	54-1735324 3			
(State or counti-	y inder the law of which it is incorporated)	(FEI number, if applicable)			
4. 10/26/1994	5				
	of incorporation)	(Date of duration, if other tha	(Date of duration, if other than perpetual)		
6. 04/01/2022					
7. 100 N. Constitution	on Drive, STE 1, Yorktown, VA 23692-2792	1502, F.S., to determine penalty liability)  fice street address)	<u> </u>		
			13		
	(Current mail	ing address, if different)	1070 JUN 13		
8. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	$\overline{\omega}$		
Name:	InCorp Services, Inc.		P		
Office Address:	17888 67th Court North				
	Loxahatchee	, Florida 33470	•		
	(City)	(Zip code)			
	emtalle VIII ato a comme				

92Registered 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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

Attached is a certificate of existence duly mithenticated 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 and under the law of which it is incorporated.

#### Rick Gdovic Name: \_\_\_\_\_\_ □Chairman Name: \_\_\_\_ man 108 Chippokes Turn Address: □Vice Chairman Audress: \_\_\_\_\_ □Vice Chairman Yorktown, VA 23693 □ Director Director □President President □ Vice President □Vice President \_\_\_\_\_\_ ☐Treasurer □ Secretary ☐ Treasurer □ Secretary Other \_\_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ □ Chairman Nor et \_\_\_\_\_ □Chairman Address: ☐Vice Chairman □Vice Chairman Address: \_\_\_\_\_ □Director □ Director President □President □ Vice President □Vice President \_\_\_\_\_ □Treasurer □ Secretary □ Treasurer □ Secretary □Othe ≧ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman Marnut \_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ Director Director □ President President □Vice President ☐ Vice President ☐ Treasurer □ Secretary □Treasurer □Secretary □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_

impuriant round. Use an emeriment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

#### Rick Gdovic

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 \$.817.155, F.S.

Rick Gdovic

# Common brealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That ComServe, Corporation is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 26, 1994;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

STATE STONE STONE

Signed and Sealed at Richmond on this Date:

June 6, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022060617381410



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2022

STACIA WALKER 1010 PENNSYLVANIA AVE TYRONE, PA 16686 US

SUBJECT: COMSERVE CORPORATION

Ref. Number: W22000067167

We have received your document for COMSERVE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida of you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 122A00011658

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