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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

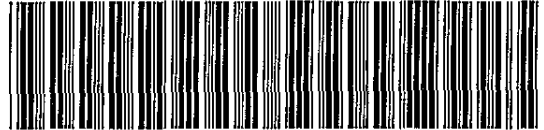
(Document Number)

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03 APR 14 AM 10:11

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

*Bj*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 12, 2003

STEVEN A. FOUST  
S A FOUST INC.  
15273 S.E. 105TH TERRACE ROAD  
SUMMERFIELD, FL 34491

SUBJECT: S A FOUST INC.  
Ref. Number: W03000007076

03 APR 14 AM 10:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for S A FOUST INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have also RETAINED your \$70.00 payment.

The copy of your Articles of Incorporation is not sufficient.

What you must submit is a CERTIFICATE OF EXISTENCE from the North Carolina Secretary of State. The certificate must be dated within the past 90 days.

An example of this certificate is enclosed.

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) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 403A00015559

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SA Foust INC  
(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", 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:

Steven A. Foust  
(Name of Person)

SA Foust INC  
(Firm/Company)

15273 SE 105 TERRACE Road  
(Address)

Summerfield Florida 34491  
(City/State and Zip code)

For further information concerning this matter, please call:

Steven Foust at (352) 425 0606  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### 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

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03 APR 14 AM 11  
TALLAHASSEE, FLORIDA  
STATE

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. S A Foust Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NORTH CAROLINA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Nov 15, 2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 15273 SE 105 TERRACE Rd, Summerfield Fl 34491  
(Principal office address)

15273 SE 105 TERRACE Rd, Summerfield Fl 34491  
(Current mailing address)

8. Services Company  
(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 or Mail Drop Box NOT acceptable)

Name: Steven Foust

Office Address: 15273 SE 105 TERRACE Rd

Summerfield, Florida 34491  
(City) (Zip code)

10. 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.*

Steve Foust  
(Registered agent's signature)

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:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

B. OFFICERS

President: Steven A. Foust

Address: 15273 SE 105 TERRACE Rd  
Summerfield, FL 34491

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Steven A. Foust  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Steven A. Foust President  
(Typed or printed name and capacity of person signing application)



# State of North Carolina

## Department of The Secretary of State

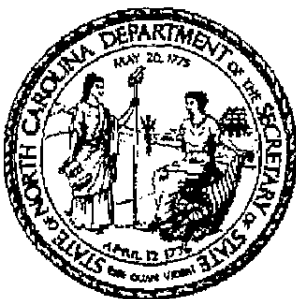
### CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

**S A FOUST INC**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of December, 2000, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of April, 2003.

*Elaine F. Marshall*

Secretary of State