F03000006250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Office Use Only

W03-30820

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10/15/03--01030--001 **70.00

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03 DEC 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDEPENDENT PROFESSIONAL SERVICES, 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:

BARBARA OCONNOR
(Name of Person)

INDEPENDENT PROFESSIONAL SERVICES, INC.
(Firm/Company)

121 FRIENDS LANE SUITE # 302
(Address)

NEWTOWN PA 18940
(City/State and Zip code)

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03 DEC 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BARBARA O'CONNOR at (215) 497-9800
(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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 23, 2003

FILED
03 DEC 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BARBARA OCONNOR
121 FRIENDS LANE STE. 302
NEWTOWN, PA 18940

SUBJECT: INDEPENDENT PROFESSIONAL SERVICES, INC.
Ref. Number: W03000030820

We have received your document for INDEPENDENT PROFESSIONAL SERVICES, INC. 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of $1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 803A00057800

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 13, 2003

FILED
03 DEC 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BARBARA OCONNOR
121 FRIENDS LANE STE. 302
NEWTOWN, PA 18940

SUBJECT: INDEPENDENT PROFESSIONAL SERVICES, INC.
Ref. Number: W03000030820

We have received your document for INDEPENDENT PROFESSIONAL SERVICES, 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:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of $1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is $3450.00.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 903A00061835

Independent Professional Services

INCORPORATED

FILED
03 DEC 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 1, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We recently received notification requesting our corporation, Independent Professional Services Inc. (IPS), to obtain an authority to transact business in the state of Florida. After filing the required documentation, we were informed that our application was being retained pursuant to the collection of penalty fees.

Our employees' work consulting on short-term projects in multiple states. During the year 2000 we hired several Florida residents however, their work location was outside the state. At the same time, we were responsible for unemployment, and paid the unemployment to Florida. IPS registered with the states Department of Labor in January of 2000 to enable our company to pay unemployment taxes for the few newly employed individuals who lived in the state but did not physically work in Florida.

It was our understanding that according to Florida statute section 607.1501 as a foreign corporation we were not transacting business within the meaning of the statute. Since we had no offices, customers or employees working in Florida.

This year one of our employee's began physically working within the state and as a result, we are currently in need of a certificate. Please consider any delay in our application was not by intention but purely by an oversight.

In view of these stated facts, along with IPS's timely filing of federal and corporate taxes, we kindly request any imposed penalties be waived and our application process continue.

Sincerely,

B O'Connor

Barbara O'Connor
V. President

P.O. Box 1250 • 121 Friends Lane • Suite 302 • Newtown, Pennsylvania 18940
Office: 215-497-9800 • Fax: 215-497-9809
www.iprofessional.com

FLORIDA Mailed 12/29/99

FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION
BUREAU OF TAX, EMPLOYER REGISTRATION
Caldwell Building
Tallahassee, Florida 32399-0233
Telephone No. 1-800-482-8293 Fax No. (904) 921-5026

COPY

UC EMPLOYER ACCOUNT NUMBER

EMPLOYER REGISTRATION REPORT

PLEASE COMPLETE FRONT & BACK IN BLACK INK. (PRINT OR TYPE)

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER 22-3551387
2. LEGAL NAME OF EMPLOYER Independent Professional Services Inc
(sole proprietor, partners, or corporate name, etc.)
3. TRADE NAME (d/b/a) Independent Professional Services TELEPHONE NO. 908 806-323
4. MAILING ADDRESS 20 Commerce Street, Suite # 19, Flemington, NJ 08822
Street Address City/State Zip Code
5. BUSINESS LOCATION Not Applicable
Florida Street Address City/State Zip Code
6. LEGAL ENTITY TYPES (Check Only One) ____ Sole Proprietor ____ Partnership ____ Limited Partnership
__✓__ Corporation (Includes Sub S) (Enter State Incorporated) ____ ____ Other (specify) ____
7. EMPLOYER TYPE (Check All That Apply)
__✓__ Regular ____ Domestic (Household)
____ Agricultural ____ Agricultural Citrus
____ Nonprofit Organization ____ 501(c)(3) Attached
____ Political Instrumentality (City, County or Municipality)
____ Purchased Existing Business (Complete Item 14 On Back)

FOR OFFICIAL USE ONLY

8. DID YOUR BUSINESS PAY FEDERAL UNEMPLOYMENT TAX IN ANOTHER STATE IN THE PREVIOUS OR CURRENT CALENDAR YEAR? YES ✓ NO ____
State New Jersey Year(s) 1998, 1999
9. DATE OF FIRST EMPLOYMENT IN FLORIDA 1/1/2000
(THIS INCLUDES FULL & PART-TIME EMPLOYEES & OFFICERS OF A CORPORATION. IF RESUMING EMPLOYMENT, ENTER DATE RESUMED.)
10. NUMBER OF WEEKS YOU HAD WORKERS IN THE CURRENT YEAR 52
NUMBER OF WEEKS YOU HAD WORKERS IN THE PRECEDING YEAR 52
IF YOU HAVE A 501(c)(3) EXEMPTION, HAVE YOU HAD 4 OR MORE INDIVIDUALS IN EMPLOYMENT FOR SOME PORTION OF A DAY IN EACH OF 20 DIFFERENT WEEKS. YES ____ NO ____
IF YOU ARE AN AGRICULTURAL EMPLOYER, HAVE YOU HAD 5 OR MORE WORKERS IN ANY PORTION OF A DAY FOR 20 DIFFERENT WEEKS DURING A CALENDAR YEAR? YES ____ NO ____
11. YOUR FLORIDA GROSS PAYROLL BY CALENDAR QUARTERS (May estimate if not available)

	QUARTER ENDING MARCH 31	QUARTER ENDING JUNE 30	QUARTER ENDING SEPTEMBER 30	QUARTER ENDING DECEMBER 31
Current Year 19____	$ Ø	$ Ø	$ Ø	$ Ø
Prior Year 19____	$	$	$	$

12. DO YOU USE THE SERVICES OF INDIVIDUALS YOU CONSIDER TO BE SELF-EMPLOYED & WHOSE REMUNERATION WILL BE REPORTED ON 1099'S? YES ____ NO ✓
IF YES, PLEASE EXPLAIN TYPE(S) OF SERVICES PERFORMED. ____

DO YOU WISH TO ELECT TO EXTEND THE COVERAGE OF THE LAW TO YOUR WORKERS WHO ARE NOT COVERED BECAUSE THEY WORK IN EXEMPT EMPLOYMENT OR BECAUSE YOU ARE NOT LIABLE FOR THE PAYMENT OF UNEMPLOYMENT TAX? YES ____ NO ✓
IF YES, PROPER FORMS WILL BE FURNISHED BY THIS AGENCY. THE ELECTION WOULD REQUIRE LIABILITY FOR A PERIOD OF AT LEAST ONE COMPLETE CALENDAR YEAR.

14. IF YOU PURCHASED A BUSINESS, PLEASE PROVIDE PRIOR OWNER INFORMATION.

(A) LEGAL NAME OF FORMER OWNER _____

(B) UC EMPLOYER ACCOUNT NUMBER _____

(C) TRADE NAME (d/b/a) _____

(D) PRESENT ADDRESS _____

(E) DATE ACQUIRED _____

(F) HOW MUCH OF THE BUSINESS WAS ACQUIRED? _____ ALL _____ PORTION _____ UNKNOWN

(G) WAS THE BUSINESS BEING OPERATED AT THE TIME OF ACQUISITION? _____ YES _____ NO
IF NO, DATE CLOSED _____

15. GENERAL INFORMATION

A. INFORMATION FOR OWNER, PARTNERS, OR OFFICERS. (Attach a separate sheet if necessary.)

Full Name	Title	S.S. No.	Home Address	Home Phone No.
Michael O'Connor	President	114-40-9028	3708 Sablewood Dr. Doylestown PA	(8901 [illegible]
Elizabeth "Fleischer	Vice President	153-60-2780	29 Liberty Rd, Bernardsville, NJ 07924	

B. PAYROLL MAINTAINED BY (ACCOUNTANT, BOOKKEEPER, ETC.)

NAME Independent Professional Services Inc. PHONE # 908-806-3232

ADDRESS 20 Commerce Street, Suite #19, Flemington NJ 08822

16. LABOR MARKET INFORMATION

List the location and nature of business conducted in Florida. If you need more space, please attach a separate page.

ENTER CITY AND COUNTY FOR EACH WORK SITE	PRINCIPAL PRODUCTS OR SERVICES (BE SPECIFIC)	AVERAGE # OF EMPLOYEES
Not Applicable	Financial Services for Computer Consultants	80

If any of the above provide support for other work site(s), please indicate type of support.
(Examples: Administrative, Research, Warehouse, Consulting, etc.) _____

BE SURE THAT ALL QUESTIONS ARE ANSWERED BEFORE SIGNING

THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND IS GIVEN FOR THE PURPOSE OF DETERMINING LIABILITY UNDER SAID LAW AND THE UNDERSIGNED IS AUTHORIZED TO EXECUTE THIS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED.

LEGAL NAME OF EMPLOYING UNIT Independent Professional Services Inc

BY (PRINT NAME) Erin Skelton

DATE 12/20/99 TITLE Accounts Administrator

SIGNATURE Erin Skelton

FOR OFFICIAL USE ONLY

AUDITOR NAME _____ AUDITOR # _____ FIELD TAX OFFICE _____

REMARKS: _____

IF YOU ARE DETERMINED LIABLE, TAX AND WAGE REPORTS WILL BE FURNISHED WHEN THIS REGISTRATION FORM IS PROCESSED AND AN EMPLOYER ACCOUNT NUMBER IS ASSIGNED.

[redacted]

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. INDEPENDENT PROFESSIONAL SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

INDEPENDENT PROFESSIONAL SERVICES, SOUTH INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY
(State or country under the law of which it is incorporated)

3. 22-3551387
(FEI number, if applicable)

4. 11-3-97
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. 1-1-2000 * ONLY RESPONSIBLE FOR PAYROLL TAXES (SEE BAC
(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. 121 FRIENDS LANE SUITE # 302 NEWTOWN PA 18940
(Principal office address)

PO BOX 1250 NEWTOWN PA 18940
(Current mailing address)

8. FINANCIAL SERVICES FOR COMPUTER CONSULTANTS (SEE BACK
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

FILED
03 DEC 17 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

David Capozzolo
(Registered agent's signature)

David Capozzolo
Authorized Representative

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.

[redacted]

Independent Professional Services Inc has only been responsible for paying payroll taxes in the state of Florida since 1-2000
Our employees lived in Florida but worked out of state.

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

A. DIRECTORS

Chairman: MICHAEL OCONNOR

Address: 3768 SABLEWOOD DR

DOYLESTOWN PA 18901

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
03 DEC 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

President: MICHAEL OCONNOR

Address: 3768 SABLEWOOD DR.

DOYLESTOWN, PA 18901

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. M. OConnor
(Signature of Director or Officer listed in number 12 of the application)

14. MICHAEL O'CONNOR
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

INDEPENDENT PROFESSIONAL SERVICES, INC.
100724529

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 3, 1997.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):
1999

I further certify that the registered agent and registered office are:

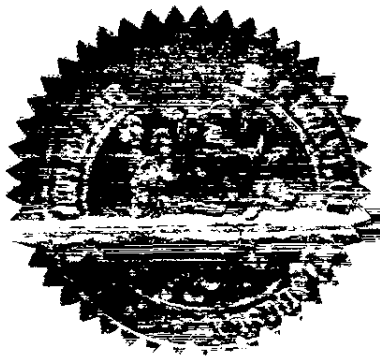
Michael O Connor Esq
20 Commerce Street Ste 19
Flemington, NJ 08822

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

INDEPENDENT PROFESSIONAL SERVICES, INC.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of October, 2003



John E McCormac, CPA
State Treasurer