

F 04000007104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

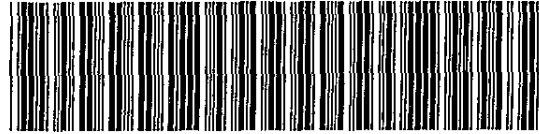
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100043121521

12/09/04--01017--001 **78.75

FILED
2004 DEC -9 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/16/04

Sp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH EASTERN DIVERSIFIED ASSET PROTECTION 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:

Kevin O'Connor
(Name of Person)
NORTH EASTERN DIVERSIFIED ASSET PROTECTION INC.
(Firm/Company)
1924 POLO LAKE DR. EAST, WELLINGTON FLA. 33414
(Address)
Wellington FLA 33414
(City/State and Zip code)

For further information concerning this matter, please call:

Kevin O'Connor at (561) 656-1380
(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

2004 DEC -9 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. North Eastern Diversified Asset Protection Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

South Eastern Diversified Business Consultants Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 04-3773375
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11.8.2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1924 Polo Lake Drive East Bldg 27 Wellington FLA.
(Principal office address) 33414

Same
(Current mailing address)

8. General Purpose
(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: Kevin O'Connor

Office Address: 1924 Polo Lake Dr. E

Wellington, Florida 33414
(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.

Kevin O'Connor
(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:

FILED
2004 DEC -9 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
2004 DEC -9 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Kevin O'Connor

Address: 1924 Polo Lake Dr E, Wellington Fla. 33414

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. Kevin O'Connor
(Signature of Director or Officer listed in number 12 of the application)

14. Kevin O'Connor President + CEO
(Typed or printed name and capacity of person signing application)

State of New York } **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of NORTHEASTERN DIVERSIFIED ASSET PROTECTION INC. was filed on 11/18/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 02nd day of December
two thousand and four.*



Secretary of State

200412030270 38

2004 DEC -9 PM 2:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA