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2005 AUG 26 AM 11:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W05-38884  
J. BRYAN AUG 17 2005

J. BRYAN AUG 26 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Joseph Shears Associates, 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:

Tracy Talbot  
(Name of Person)  
Joseph Shears Associates, Inc.  
(Firm/Company)  
457 Oakshade Rd Suite 1  
(Address)  
Shamong NJ 08088  
(City/State and Zip code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Tracy Talbot at (609) 268-3444 x 107  
(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

August 17, 2005

TRACY TALBOT  
JOSEPH SHEAIRS ASSOCIATES, INC.  
457 OAKSHADE RD SUITE 1  
SHAMONG, NJ 08088

SUBJECT: JOSEPH SHEAIRS ASSOCIATES, INC.  
Ref. Number: W05000038884

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for JOSEPH SHEAIRS ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 105A00052455

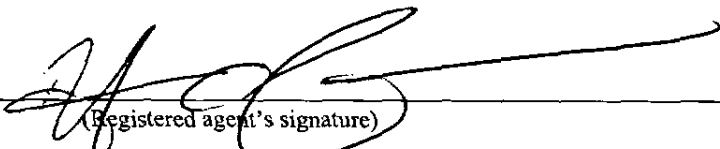
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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. Joseph Shearn Associates, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NJ 3. 22-3331307  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/19/94 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/05  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 457 Oakshade Rd. Suite 1, Shamong NJ 08088  
(Principal office address)
- same  
(Current mailing address)
8. engineering & computer science services  
(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: JSA, Inc.
- Office Address: 7155 Murrell Rd Suite 101  
Melbourne, Florida 32940  
(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.*

  
(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: Joseph Shearis

Address: 457 Oakshade Rd Suite 1  
Shamong NJ 08082

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

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

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

Address: William Talbot  
457 Oakshade Rd Suite 1 Shamong NJ 08082

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

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

**B. OFFICERS**

President: Joseph Shearis

Address: 457 Oakshade Rd Suite 1  
Shamong NJ 08082

Vice President: Jeffrey Dennison

Address: 457 Oakshade Rd Suite 1  
Shamong NJ 08082

Secretary: Robert Cuva

Address: 457 Oakshade Rd Suite 1

Treasurer: William Talbot

Address: Shamong

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

13. 6 - Rm, VP  
(Signature of Director or Officer listed in number 12 of the application)

14. William Talbot, Vice President and Director  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

JOSEPH SHEAIRS ASSOCIATES, INC.

0100588687

*With the Previous or Alternate Name*

JOSEPH SHEARS ASSOCIATES, INC. (Previous Name)

*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 May 19, 1994.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

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

Robert Cuva, Esq  
457 Oakshade Rd., Ste 1  
Shamong, NJ 08088

*Continued on next page . . .*

2005 AUG 26 AM 11:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

JOSEPH SHEAIRS ASSOCIATES, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
26th day of July, 2005

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA  
State Treasurer

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