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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

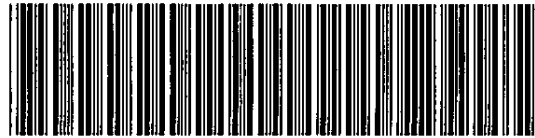
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06FEB-2 AM 8:57

FILED

Law Offices
ANTHONY R. PILEGGI
Chartered
P. O. Box 302
Clarksville, Maryland 21029

Howard County Offices
2000 Century Plaza, Suite 420
10632 Little Patuxent Parkway
Columbia, Maryland 21044

(301)441-3535
apileggi@pileggilaw.net

Prince George's County Offices
Belle Point Office Park
7703 Belle Point Drive
Greenbelt, Maryland 20770

Please reply to post office box

Member of MD, D.C., PA Bar

January 30, 2006

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: ABS Complete Printing Services, Incorporated

Attention:

Relative to the entity referenced above, enclosed please find the following for filing with your Department:

1. Cover Letter;
2. Check payable to Florida Department of State in the amount of \$87.50 for the filing fee, Certificate of Status and Certified Copy;
3. Application by Foreign Corporation Authorization to Transact Business in Florida; and
4. 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 the corporate records within the State of Maryland, the jurisdiction where the applicant was incorporated.

Please process the above and return the appropriate documents certifying the qualification of ABS Complete Printing Services, Incorporated within the State of Florida. Thank you for your assistance.

Very truly yours

Anthony R. Pileggi

Enclosures as stated

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ABS Complete Printing ~~Services~~ 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:

Anthony R. Pileggi, Esquire
(Name of Person)
Law Offices Anthony R. Pileggi, Chartered
(Firm/Company)
Post Office Box 302
(Address)
CLARKSVILLE MD 21029
(City/State and Zip code)

For further information concerning this matter, please call:

Anthony R. Pileggi at (301) 441-3535
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. ABS COMPLETE PRINTING SERVICES, INCORPORATED
(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. MARYLAND 3. 52-1772161
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-2-92 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 523 Commerce Drive, Upper Marlboro MD 20774
(Principal office address)

(Current mailing address)

8. Commercial Printing AND Duplication
(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: John F. Cawley

Office Address: 1601 ANCROFT COURT
TRINITY, Florida 34655
(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.

John F. Cawley
(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:

NO DIRECTORS

Address:

CHARTER ELECTS TO OPERATE WITHOUT
A BOARD OF DIRECTORS

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

JOHN F. Cawley

Address:

1601 ANCROFT COURT
TRINITY FL 34655

Vice President:

DONALD TURNER

Address:

55 MISS SAM'S WAY
HUNTINGTOWN MD 20639

Secretary:

HARRIET H. CAWLEY

Address:

1601 ANCROFT COURT, TRINITY FL 34655

Treasurer:

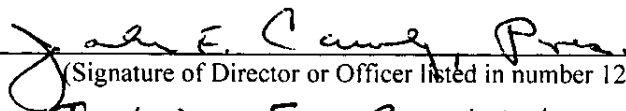
JOHN F. Cawley

Address:

1601 ANCROFT COURT, TRINITY FL 34655

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

13.

 Pres.

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

14.

JOHN F. CAWLEY, President

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ABS COMPLETE PRINTING SERVICES, INCORPORATED IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 12, 2006.



Paul B. Anderson
Charter Division

