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(Requestor's Name)

(Address)

(Address)

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06 OCT -6 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/10/06

COVER LETTER

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06 OCT -6 AM 10: 22

TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: _____

Square Cut 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:

Daniel A. Moss
(Name of Person)

Square Cut Services
(Firm/Company)

P.O. Box 4115
(Address)

Deland, FL 32721
(City/State and Zip code)

For further information concerning this matter, please call:

Daniel Moss at (828) 226-0816

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2006

DANIEL A NASS
POST OFFICE BOX 4115
DELAND, FL 32721

SUBJECT: SQUARE CUT SERVICES INC.
Ref. Number: W06000041224

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06 OCT -6 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SQUARE CUT SERVICES 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):

Please list the street address of each officer/director. ✓

You must list the person's name for each title and the addresses. ✓ Please remove the alternate name in 1. ✓

The person designated as registered agent in the document and the person signing as registered agent must be the same. ✓

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 206A00056248

RECEIVED
06 OCT -6 AM 10: 56
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. Square Cot Services 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. Georgia 3. 571-123545
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/04/2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1955 Wild Turkey Village, Deland FL 32720
(Principal office address)
PO Box 4115, Deland, FL 32721
(Current mailing address)

8. Wok
(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:

Daniel Moss

Office Address:

1955 Wild Turkey Village
Deland

(City)

, Florida

32720
(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Daniel Nass

Address: P.O. Box 4115

Deland, FL 32720

Vice Chairman: Daniel Nass

Address: P.O. Box 4115

Deland, FL 32720

Director: Daniel Nass

Address: P.O. Box 4115

Deland, FL 32720

Director: _____

Address: _____

B. OFFICERS

President: Daniel Nass

Address: P.O. Box 4115

Deland, FL 32720

Vice President: Daniel Nass

Address: P.O. Box 4115

Deland, FL 32720

Secretary: Daniel Nass

Address: P.O. Box 4115, Deland, FL 32720

Treasurer: Daniel Nass

Address: P.O. Box 4115, Deland, FL 32720

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

13. _____

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

14. Daniel Nass

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Control No. 0125673

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

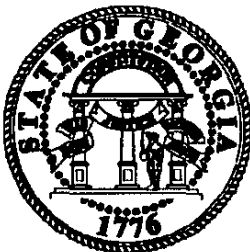
SQUARE CUT SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 06/04/2001 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 14th day of September, 2006

Cathy Cox
Secretary of State