

F070000001659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAR 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1007-1124

T Hemmings MAR 27 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Allied Professional System, 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:

Saranto Calamas, CPA

(Name of Person)

Strategic Accounting Services, Inc

(Firm/Company)

38 Sheep Pasture Road

(Address)

Port Jefferson, NY 11777

(City/State and Zip code)

For further information concerning this matter, please call:

Saranto Calamas at (631) 928-0002

(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

The Office of

SARANTO P. CALAMAS

Certified Public Accountants
MBA

38 Sheep Pasture Road
Port Jefferson, New York 11777
Fax (631) 928-1492

(631) 928-0002

e-mail: saranto@saranto.com

March 22, 2007

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Allied Professional System, Inc.

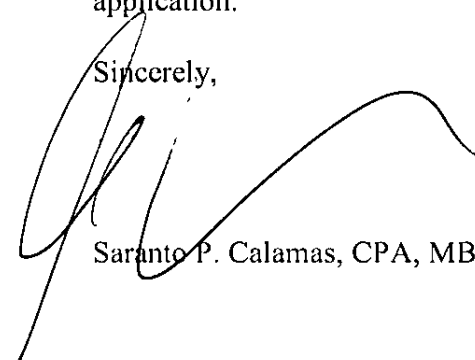
Dear Tammy Hampton:

Enclose please find the certificate of good standing from the state of New York to complete the foreign corporation application. We had sent the wrong certified document with our original application.

PLEASE NOTE: the requested name of the corporation is **ALLIED PROFESSIONAL SYSTEM, INC.** NOT Allied Professional Systems, Inc. There is NO "S" on the SYSTEM. I've included a copy of the original documents we filed.

Thank you. Please contact my office if you require anything further to process this application.

Sincerely,



Saranto P. Calamas, CPA, MBA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2007

SARANTO SALAMAS, CPA
STRATEGIC ACCOUNTING SERVICES, INC.
38 SHEEP PASTURE RD
PORT JEFFERSON, NY 11777

SUBJECT: ALLIED PROFESSIONAL SYSTEMS, INC.
Ref. Number: W07000011211

RECEIVED
07 MAR 27 PM 1:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for ALLIED PROFESSIONAL SYSTEMS, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 607A00015908

**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. **Allied Professional System, 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. **New York**

(State or country under the law of which it is incorporated)

3. **20-3047735**

(FEI number, if applicable)

4. **6/23/05**

(Date of incorporation)

5. **Perpetual**

(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. **24 Parsonage Road, East Setauket, NY 11733**

(Principal office address)

24 Parsonage Road, East Setauket, NY 11733

(Current mailing address)

8. **Employment 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: **William Saltarelli**

Office Address: **101 E. Kennedy Blvd Suite 2130**

Tampa, Florida **33602**

(City)

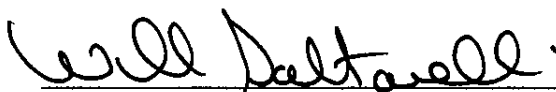
(Zip code)

2001 MAR 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: William Saltarelli

Address: 24 Parsonage Road, East Setauket, NY 11733

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Saltarelli

Address: 24 Parsonage Road, East Setauket, NY 11733

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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2007 MAR 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. William Saltarelli
(Signature of Director or Officer listed in number 12 of the application)

14. William Saltarelli
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ALLIED PROFESSIONAL SYSTEM, INC. was filed on 06/23/2005, 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 15th day of March two
thousand and seven.*



Special Deputy Secretary of State

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