

F07000003311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

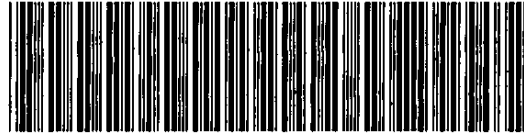
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000104915530

06/28/07--01040--012 **70.00

APPROVED
AND
FILED

07 JUN 28 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JUN 29 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CPA PAYROLL 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:

PAUL VISCA

(Name of Person)

CPA PAYROLL INC.

(Firm/Company)

2024 W. HENRIETTA RD, SUITE 3C

(Address)

ROCHESTER NY 14623

(City/State and Zip code)

For further information concerning this matter, please call:

PAUL VISCA

(Name of Person)

at (585) 427-0850 x 203

(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. CPA PAYROLL, 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 3. 20-5843229
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/7/2006 5. n/a
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/1/07
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 927 E. New Haven Ave. Ste 304 Melbourne FL 32901
(Principal office address)

2024 W. Henrietta Rd Ste 3C Rochester NY 14623
(Current mailing address)

8. Payroll Processing Firm
(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: TIM HAMILTON

Office Address: 927 E New Haven Ave Ste 304
Melbourne, Florida 32901
(City) (Zip code)

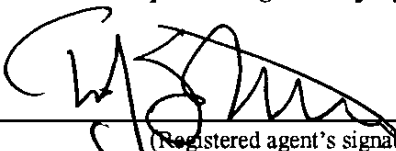
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 28 PM 3:16

APPROVED
AND
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.

APPROVED
FILED
07 JUN 28 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: None

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

President: PAUL VISCA

Address: 2024 W. Henrietta Rd 3C

Rochester NY 14623

Vice President: STEPHEN R STOKES

Address: 2024 W. Henretta Rd 3C

RUCITESTER NY 14623

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

13. _____

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

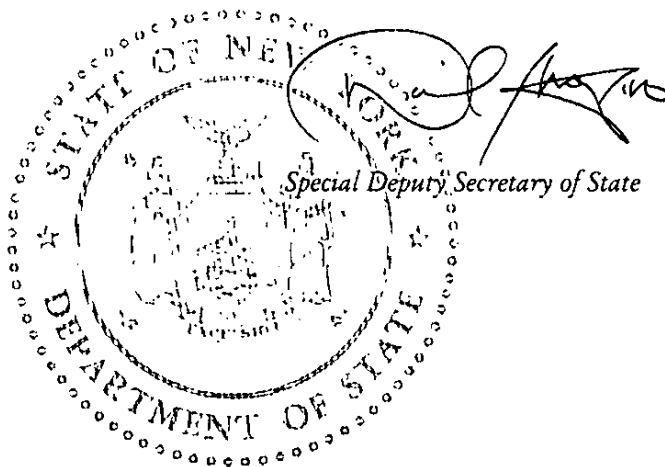
14. Km ViscA - PROPERTIES

(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 CPA PAYROLL, INC. was filed on 11/07/2006, 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 29th day of May two
thousand and seven.*



200705300520 102

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 28 PM 3:16

APPROVED
AND
FILED