

**F07000004394**

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**DATE: 08-30-07**

**NAME: BUSINESS OFFICE SYSTEM SOLUTIONS, INC**

**TYPE OF FILING: APPLICATION TO TRANSACT BUISNESS**

**COST: CK FOR \$78.75 ATTACHED**

**RETURN:**

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**~~ACCOUNT: FCA0000000015~~**

**~~AUTHORIZATION: ABBIE/PAUL HODGE~~**

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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.

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1. Business Office System Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BUSINESS Office System Solutions (ARK), Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ARKANSAS

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 1/25/1995

(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. 1512 SE Village Green Dr Port St Lucie FL 34952

(Principal office address)

1512 SE Village Green Dr Port St Lucie FL 34952

(Current mailing address)

8. BUSINESS CONSULTATION

(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:

Stephen D'Apollita

Office Address:

1512 SE Village Green Dr

Port St Lucie FL

(City)

, Florida 34952

(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: Stephen D'Apalito

Address: 1512 SE Village Green Dr  
Port St Lucie FL 34952

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

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

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

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

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

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

**B. OFFICERS**

President: Stephen D'Apalito

Address: 1512 SE Village Green Dr  
Port St Lucie FL 34952

Vice President: \_\_\_\_\_

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

Secretary: Stephen D'Apalito

Address: 1512 SE Village Green Dr, Port St Lucie FL 34952

Treasurer: \_\_\_\_\_

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

**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. Stephen D'Apalito

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

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SEC. OF STATE  
TALLAHASSEE, FLORIDA



**Arkansas Secretary of State  
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Good Standing**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**BUSINESS OFFICE SYSTEM SOLUTIONS, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 25, 1995.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of August 2007.



Charlie Daniels  
Secretary of State

Online Certificate Authorization Code: 579b19d81db5c50

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)