

F08000001223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

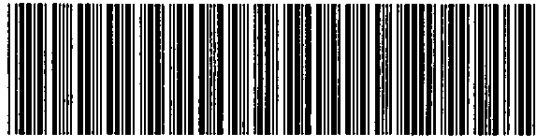
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

William Puopolo GAVE
AUTHORIZATION BY PHONE TO
CORRECT Corp. Sybil
DATE 3/19/08
DOC. EXAM cf

Office Use Only

513-645
W08-7522



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02/11/08--01038--008 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 17 PM 4:43

gf 3/19/08

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE ELITE SERVICE DISABLED VETERAN OWNED BUSINESS
(Name of Corporation - must include suffix) NETWORK

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM PUOPOLLO
(Name of Person)

THE ELITE SERVICE DISABLED VETERAN OWNED BUSINESS
(Firm/Company) NETWORK

7904 OREGON DR.

AT
(Address)

NEW PORT RICHEY, FL 34654
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM PUOPOLLO
(Name of Person)

at (727) 856-1942
(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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DIVISION OF CORPORATIONS

08 MAR 17 PM 4:43

February 13, 2008

WILLIAM PUOPOLO
7904 OREGOLD DRIVE
NEW PORT RICHEY, FL 34654

SUBJECT: FLORIDA'S ELITE SDUOB NETWORK
Ref. Number: W08000007522

We have received your document for FLORIDA'S ELITE SDUOB NETWORK and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return the corrected 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
Regulatory Specialist II
New Filing Section

Letter Number: 608A00009134

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08 MAR 17 AM 8:00
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. THE ELITE SERVICE DISABLED VETERAN OWNED BUSINESS NETWORK INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. CALIFORNIA, USA 3. 45-0505137
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01 APRIL 2003 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7904 OREGOLD DR. NEW PORT RICHEY, FL 34654
(Principal office address)
7904 OREGOLD DR NEW PORT RICHEY, FL 34654
(Current mailing address)

8. 501(C)(19) ORGANIZATION TO SUPPORT VETERANS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: WILLIAM PUOPOLLO

Office Address: 7904 OREGOLD DR.

NEW PORT RICHEY, Florida 34654
(City) (Zip Code)

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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 addresses of officers and/or directors:

A. DIRECTORS

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Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

WILLIAM PUOPOLO

Address: _____

7904 OREGON DR.

NEW PORT RICHEY, FL 34654

Vice President: _____

GARY BECKERT

Address: _____

2860 KERBY CIRCLE, UNIT 25

PALM BAY, FL 32905-3412

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

WILLIAM PUOPOLO - PRESIDENT

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

**State of California
Secretary of State**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **1ST day of APRIL 2003, THE ELITE SERVICE DISABLED VETERAN OWNED BUSINESS NETWORK** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
January 10, 2008.



Debra Bowen

**DEBRA BOWEN
Secretary of State**