

FO8000004028

(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



100135540421

09/16/08--01044--003 **70.00

FILED
2008 SEP 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 17 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dolphin Sales, 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:

Gene Cosklo
(Name of Person)
Dolphin Sales, Inc.
(Firm/Company)
1149 Route 315
(Address)
Wilkes Barre, PA 18702
(City/State and Zip code)

For further information concerning this matter, please call:

Gene Cosklo at (570) 829-1206
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
2009 SEP 16 AM 10:09
SECRETARY
TALLAHASSEE, FL

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. Dolphin Sales, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 23-2568871
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/7/1989 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. None
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1149 Route 315, Wilkes Barre, PA 18702
(Principal office address)
1149 Route 315, Wilkes Barre, PA 18702
(Current mailing address)
8. Aircraft, Equipment, Misc. Sales
(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: G. Joseph Harrison
Office Address: 1206 Manatee Ave. West.
Bradenton, Florida 34205
(City) (Zip code)

2008 SEP 16 AM 10:10
 FILED
 CLERK OF
 TALAHASSEE, FLORIDA

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.

[Signature]
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gene Cosklo

Address: 1149 Route 315

Wilkes Barre, PA 18702

Vice President: Gene S. Cosklo

Address: 1149 Route 315

Wilkes Barre, PA 18702

Secretary: _____

Address: _____

Treasurer: Kathryn Cosklo

Address: 1149 Route 315, Wilkes Barre, PA 18702

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. Gene Cosklo, President

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

2008 SEP 16 AM 10:10
SECRETARY
TALLAHASSEE, FL 32310

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 12, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DOLPHIN SALES, INC.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortis

Secretary of the Commonwealth