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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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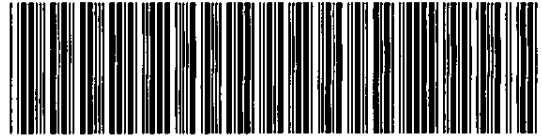
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** IT NETWORK CONSULTANTS, 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:

JEANNE FLAHERTY  
(Name of Person)

IT NETWORK CONSULTANTS, INC.  
(Firm/Company)

1339 HOMESTEAD WAY  
(Address)

PALM HARBOR, FL 34683  
(City/State and Zip code)

For further information concerning this matter, please call:

JAMES FLAHERTY at (800) 681-6020 ext. 222  
(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

**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. IT. NETWORK CONSULTANTS, 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. 11-3037128

(FEI number, if applicable)

4. 8/10/1990

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2009

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

7. 1019 FORT SALONGA ROAD, SUITE 10-107, NORTHPORT, NY 11768

(Principal office address)

(Current mailing address)

8. CONSULTING 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: JEANNE FLAHERTY

Office Address: 1339 HOMESTEAD WAY

PALM HARBOR

(City)

, Florida 34683

(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.*

Jeanne Flaherty

(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: CAROLYN FLAHERTY

Address: 1019 FORT SALONGA ROAD, SUITE 10-107  
NORTHPORT, NY 11768

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

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

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

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

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

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

**B. OFFICERS**

President: CAROLYN FLAHERTY

Address: 1019 FORT SALONGA ROAD, SUITE 10-107  
NORTHPORT, NY 11768

Vice President: JEANNE FLAHERTY

Address: 1339 HOMESTEAD WAY  
PALM HARBOR, FL 34683

Secretary: \_\_\_\_\_

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

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

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

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

13. Jeanne Flaherty  
(Signature of Director or Officer listed in number 12 of the application)

14. JEANNE FLAHERTY  
(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 IT NETWORK CONSULTANTS, INC. was filed on 08/10/1990, under the name of INDIAN HEAD CARDS INC. , 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.

A Certificate of Amendment INDIAN HEAD CARDS INC. , changing its name to IT NETWORK CONSULTANTS, INC., was filed 04/23/1997.

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of December two  
thousand and eight.



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