

F09000001025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

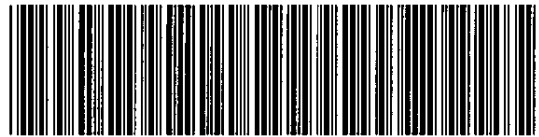
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

NO COPY D

Office Use Only



800145508108

03/12/09--01035--002 **70.00

2009 MAR 12 PM 4:42
TALLAHASSEE, FLORIDA

FILED

T. Burch MAR 13 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nationwide Ntertainment Services, 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:

Sharon Jackson

(Name of Person)

Global Axxess Corp

(Firm/Company)

7800 Belfort Parkway, Suite 165

(Address)

Jacksonville, Florida 32256

(City/State and Zip code)

For further information concerning this matter, please call:

Sharon Jackson

(Name of Person)

at (904) 395-1149

(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. Nationwide Ntertainment Services, 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. Nevada

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

3. 26-4337075

(FEI number, if applicable)

4. August 20, 2001

(Date of incorporation)

5. perpetual

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

6. Has not transacted in Florida prior to registration

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

7. 7800 Belfort Parkway, Suite 165, Jacksonville, Florida, 32256

(Principal office address)

7800 Belfort Parkway, Suite 165, Jacksonville, Florida, 32256

(Current mailing address)

8. Provide products and services via kiosks

(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: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470

(City)

(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.

Janice Full on behalf of Incorp Services, Inc.
(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: George McQuain

Address: 7800 Belfort Parkway, Suite 165, Jacksonville, Florida, 32256

Director: _____

Address: _____

B. OFFICERS

President: George McQuain

Address: 7800 Belfort Parkway, Suite 165, Jacksonville, Florida, 32256

Vice President: _____

Address: _____

Secretary: Michael J. Loiacono

Address: 7800 Belfort Parkway, Suite 165, Jacksonville, Florida, 32256

Treasurer: Michael J. Loiacono

Address: 7800 Belfort Parkway, Suite 165, Jacksonville, Florida, 32256

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. George McQuain, President

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

FILED
2009 MAR 12 PM 4:42
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

SECRETARY OF STATE



FILED
2009 MAR 12 PM 4:42
CLERK OF THE STATE
CARLISLE, NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NATIONWIDE ENTERTAINMENT SERVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 20, 2001, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 3, 2009.

A handwritten signature of Ross Miller in black ink.

ROSS MILLER
Secretary of State

Certified By: Joann Larson
Certificate Number: C20090227-1046
You may verify this certificate
online at <http://www.nvsos.gov/>