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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SEFFREY S. NELSON + ASSOCIATES, INC. Name of corporation - must include suffix
Name of corporation - must menude surfix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:
Christa Restances
Name of Person
SEFEREY), NETSON+ASSOCIATES, INC.
Firm/Company
1829 DICKERSON BLVD. #304 PE B
Address
TM O
MONEOF NC 38110
City/state and Zip code
E-mail address: (to be used for future annual report notification)
Barrier State (Barrier State Sta
For further information concerning this matter, please call:
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 \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$87.50 Filing Fee, Certificate of Status Certified Cop 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.

. Jeffrey J. Nelson+ Associates, 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)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
(Date of incorporation) 5.	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
POOS, 75 ym/	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
1. 1207 Maria Court, Lady Lake, FL 3259 (Principal office address)	
(Principal office address)	
1829 Dickerson Blud. #304 Monroe, NC 28110 (Current mailing address)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of Florida registered agent: (P.O. Box NOT acceptable) Name: Jeffey Melson Office Address: 1207 Maria Court	T
P. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	; [7]
Name: Jeffey J. Melson Office Address: \207 \cos 1000 \	
Office Address: 1207 maria Court	
Lady Lake, Florida 32159 (City) (Zip code)	
(0. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dand I am familiar with and accept the obligations of my position as registered agent.	y. <i>I</i>
(Registered agent's signature)	4 -
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application	on 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: __ **B. OFFICERS** maria Court, Lady Lake Vice President: Address: ___ Secretary: _ Address: __ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)

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

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Jeffrey J. Nelson & Associates, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 01, 1990.

Nothing more is hereby certified.

SECHETARY OF STATE TALLAHASSEE, FLORIDA



Signed and Sealed at Richmond on this Date: October 20, 2009

Joel H. Peck, Clerk of the Commission