# F10000001866

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	<u> </u>
(Cit	ty/State/Zip/Phone	. #0
(CII	iy/Gtate/Zip/F110ff6	<del>- #)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	
		, <b> </b>



100173426421

04/21/10--01002--003 \*\*950.00

03/30/10--01020--012 \*\*87.50

10 MAR | 4 AM | 1: 2:

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Office Use Only

W10-16195 MD 4/8



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 1, 2010

JOSEPH S. QUAIL QUAIL CONSULTING INC 1025 SW 6TH AVE. CAPE CORAL, FL 33991

SUBJECT: QUAIL CONSULTING, INC.

Ref. Number: W10000016195

We have received your document for QUAIL CONSULTING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty. and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

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) 245-6995.

Wanda Cunningham Regulatory Specialist II **New Filing Section** 

Letter Number: 610A00008044

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: QUAIL CONSULTING, INC	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Joseph S. Quail	
Name	e of Person
Quail Consulting Inc	
Firm/	Company
1025 SW 6th Avenue	
A	Address
Cape Coral, Florida 33991	
City/Sta	ate and Zip code
quailconsultingusa@comcast.net	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Joseph S. Quail at (239	) 458- <del>9</del> 939
	rea 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 & ☐ \$87.50 Filing Fee, Certified Copy 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. QUAIL CONS	ULTING, INC.	
	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	adopted for the purpose of transacting business in Florida  203038041  (FEI number, if applicable)
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid
2 Pennsylvania		203038041
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4 8/1/2005	5.	D 4 1
т	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"
6. January 1, 200	)7	
	,	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7, 1025 SW 6th A	venue, Cape Coral, Florida 33991	
	(Principal office add	ress)
1025 SW 6th A	venue, Cape Coral, Florida 33991	
	(Current mailing add	iress)
8. BUSINESS CO		
(Purpose(s	s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)
). Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	Joseph S. Quail	
Office Address:	1025 SW 6th Avenue	<del></del>
	Cape Coral	, Florida <u>33991</u>
	(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.

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.

A. DIR	ECTORS	
Chairmai	n:	······
Address:		
Vice Cha	airman:	
ridai ess.	5	S
Director:	AAR	SECRE I
	<b></b>	ARY CO
		CORPORATION
Director:	: 25	ATE ATION
	·	Ś
B. OFF		
President	t: Joseph S. Quail	
Address:	1025 SW 6th Avenue	*****
	Cape Coral, Florida 33991	
Vice Pres	sident:	
Secretary	<i>r</i> :	
Address:		
	r:	
Address:		
/	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)	

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

12. Names and business addresses of officers and/or directors:

COMMONWEALTH OF PENNSYLVANIA

**DEPARTMENT OF STATE** 

SECRETARY OF STATE DIVISION OF CORPORATION

10 MAR 14 AM 11: 25

MARCH 24, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

# QUAIL CONSULTING, 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.

**Secretary of the Commonwealth** 

Certification Number: 8658990-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp