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TALLAHASSEE, FLORIDA

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J. Shivers MAY 04 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advantage Merchant 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," 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:

Michael Swoboda

Name of Person

Advantage Merchant Services, Inc.

Firm/Company

52 Riley Road #370

Address

Celebration, FL 34747

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Turner A. Wiggins, CPA

Name of Person

at (863) 299-8084

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

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TALLAHASSEE, FLORIDA

**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. Advantage Merchant 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. Tennessee 3. 20-2720911
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/29/2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 52 Riley Road #370 Celebration FL 34747
(Principal office address)

(Current mailing address)

8. Sales of credit card equipment
(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: Michael Swoboda

Office Address: 52 Riley Road #370

Celebration, Florida 34747
(City) (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.



(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: Michael Swoboda

Address: 1152 Wilde Drive

Celebration, FL 34747

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Michael Swoboda

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

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TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

WIGGINS, SMIT, ELAM, REINEKE & CO PA
ATTN: BRENDA
30 FOURTH ST SW
WINTER HAVEN, FL 33880 USA

December 15, 2009

Request Type: Certificate of Existence/Authorization
Request #: 0004652

Issuance Date: 12/15/2009
Copies Requested: 1

Document Receipt

Receipt #: 29980 Filing Fee: \$20.00
Payment-Check/MO - ADVANTAGE MERCHANT SERVICES, CELEBRATION, FL \$20.00

Regarding: ADVANTAGE MERCHANT SERVICES, INC.

Filing Type: Corporation For-Profit - Domestic

Control #: 492845

Charter/Qualification Date: 04/29/2005

Date Formed: 04/29/2005

Status: Active

Jurisdiction: Shelby County

Duration Term: Perpetual

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

ADVANTAGE MERCHANT SERVICES, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett

Tre Hargett, Secretary of State
Business Services Division

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TALLAHASSEE, FLORIDA