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SECRETARY OF STATE DIVISION OF CORPORATION

or 811111

#### COVER LETTER

**New Filing Section** 

### **Division of Corporations** BJECT: SOULE MANAGEMENT ASSOCIATES, 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. Rlease return all correspondence concerning this matter to the following: CHARLES A. SOULE Name of Person SOULE MANAGEMENT ASSOCIATES, INC. Firm/Company 112 POST OAK COURT Address VINTER HAVEN, FL 33884 City/State and Zip code €HASSOULE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES A. SOULE <sub>3</sub> 326-5225 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section New Filing Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status 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.

16	SOULEMANA	GEMENT ASSOCIATES, INC.				
		rporation; must include "INCORPORAT" rp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		-
	(Ifname unavailab	ole in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busines	s in Florida	a)
2.	<u>DELAW</u> ARE		3.	59-3747167		
		nder the law of which it is incorporated)		(FEI number, if applicable)		
4	<u>8/16/20</u> 01		5.	PERPETUAL		
139	(Date o	f incorporation)		(Duration: Year corp. will cease to exist or "	'perpetual''	)
6.	REANNED A	UGUST 7, 2011				
	*1			n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
7.3	3112 POST	OAK COURT WINTER HA	VE	EN, FL 33884		
{	SAME	(Principal office	addı	ress)		_
		(Current mailing		•		
8.		NG AND FINANCIAL SEF				_
	((Purpose(s)	of corporation authorized in home state o	r co	untry to be carried out in state of Florida)	~	<u>=</u>
9.	Name and street	address of Florida registered agent: (	P.O	Box NOT acceptable)	=	VISIO 0330
	Name:	CHARLES A. SOULE		<del></del>	2011 JUL 29	SE S
Of	îic⊖ Address:	500 AVENUE R SW		Agent		55-4 49-40
		WINTER HAVEN		, Florida 33880	PH 1	5 1A
		(City)		(Zip code)	1: 4:	10%
10	Registered age	nt'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 Ifam familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to he 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 Chairmans (1997) 2011 JUL 29 PM 1:41 Directora B. OFFICERS **CHARLES A. SOULE** 31112 POST OAK COURT WINTER HAVEN, FL 33884 finecessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. HARLES A. SOULE PRESIDENT

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

## Delaware PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOULE MANAGEMENT ASSOCIATES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS, IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2011.

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110801716 erify this certificate online elaware.gov/authver.shtml

AUTHENTYCATION: 8900798

DATE: 07-14-11