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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000270304 3)))



H120002703043ABCT

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To:

Division of Corporations  
Fax Number : (850) 617-6381

\*\*\*PLEASE RESUBMIT AND GIVE ORIGINAL  
SUBMISSION DATE AS THE FILE DATE.

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:**

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**AMERI-FORCE PROFESSIONAL SERVICES, INC.**

Certificate of Status	1
Certified Copy	0
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DIVISION OF CORPORATIONS  
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Corporate Filing Menu

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November 14, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DONALD SELF  
AMERI-FORCE PROFESSIONAL SERVICES, INC.  
9485 REGENCY SQUARE BLVD., STE. 300  
JACKSONVILLE, FL 32225

SUBJECT: AMERI-FORCE PROFESSIONAL SERVICES, INC.  
REF: W12000057456

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P06000086039 (AMERI-FORCE PROFESSIONAL SERVICES, INC.).

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000270304  
Letter Number: 812A00027458

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AMERI-FORCE PROFESSIONAL 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:

DONALD SELF

Name of Person

AMERI-FORCE PROFESSIONAL SERVICES, INC.

Firm/Company

9485 REGENCY SQUARE BLVD., STE. 300

Address

JACKSONVILLE, FL 32225

City/State and Zip code

DSELF@AMERIFORCE.COM

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

For further information concerning this matter, please call:

BARRY C AVERITT

Name of Person

at ( 904 ) 998-8360

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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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDAIN 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. AMERI-FORCE PROFESSIONAL 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. DELAWARE

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

3. 52-1631648

(FEI number, if applicable)

4. 06/08/1989

(Date of incorporation)

5. PERPETUAL

(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. 9485 REGENCY SQUARE BLVD., STE. 300, JACKSONVILLE, FL 32225

(Principal office address)

9485 REGENCY SQUARE BLVD., STE. 300, JACKSONVILLE, FL 32225

(Current mailing address)

8. GENERAL BUSINESS

(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: DONALD SELFOffice Address: 9485 Regency Square Blvd., Ste. 300JACKSONVILLE

(City)

. Florida 32225

(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.*

DONALD SELF

By: \_\_\_\_\_

(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.

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DIVISION OF CORPORATIONS

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

## A. DIRECTORS

Chairman: L. JOHN ARBIZZANIAddress: 44 AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: DONALD SELFAddress: 9485 REGENCY SQUARE BLVD., STE. 300  
JACKSONVILLE, FL 32225

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: DONALD SELFAddress: 9485 REGENCY SQUARE BLVD., STE. 300, JACKSONVILLE, FL 32225Treasurer: DONALD SELFAddress: 9485 REGENCY SQUARE BLVD., STE. 300, JACKSONVILLE, FL 32225

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_

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.

14. DONALD SELF, DIRECTOR

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

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# Delaware

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERI-FORCE PROFESSIONAL SERVICES, 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 TWELFTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERI-FORCE PROFESSIONAL SERVICES, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 1989.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2198766 8300

121217709



AUTHENTICATION: 9979149

DATE: 11-12-12  
121217709

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## AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF DUVAL

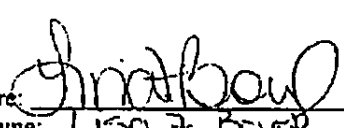
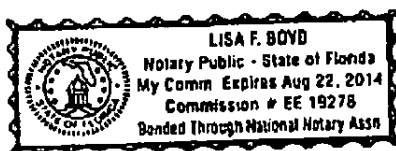
BEFORE ME, the undersigned authority, personally appeared Donald Self ("Affiant"), who being by me first duly sworn, deposes and says:

- 1) Affiant is the Director, Secretary, Treasurer and original Incorporator of the dissolved Florida corporation "Ameri-Force Professional Services, Inc.", formerly known as "SyCom Services, Inc.", State of Florida Document No. P06000086039, FEIN 52-1631648 (the "Company").
- 2) Company filed voluntary Articles of Dissolution with respect to the Company on October 17, 2012 (the "Articles of Dissolution").
- 3) Affiant certifies that Company has no plans or intent to revoke the Articles of Dissolution, and that the name "Ameri-Force Professional Services, Inc." has been and is released for use.

DATED as of the 15<sup>th</sup> day of November, 2012.

  
\_\_\_\_\_  
Donald SelfSTATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged, sworn to and subscribed before me this 15<sup>th</sup> day of November, 2012, by Donald Self, who is personally known to me or who has produced a valid driver's license as identification.

  
Signature: \_\_\_\_\_  
Print Name: Lisa F. Boyd  
Commission No.: EE 19278  
My Commission Expires: 8/22/14