

F130000591174

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000059197 3)))



H130000591973ABC2

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RE-SUBMIT

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**Please retain original filing
date of submission**

3/14

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 14 AM 11:31

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FOREIGN PROFIT/NONPROFIT CORPORATION

Installer Payment Division Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05 06
Estimated Charge	\$70.00

ATTN: Pamela

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 15 PM 4:39

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Corporate Filing Menu

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March 15, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: INSTALLER PAYMENTS DIVISION INC.
REF: W13000015472

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return 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) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H13000059197
Letter Number: 413A00006213

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Installer Payment Division 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:

JEFF FOUMSBEE
Name of Person
ELITE FLOORING / INSTALLATION PAYMENT DIV., INC.
Firm/Company
3480 GREEN POINTE PKWY
Address
NORCROSS, GA 30092
City/State and Zip code
JFoumsee@elitefloor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF FOUMSBEE at (678) 328-2215
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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Installer Payment Division 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. Georgia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/24/2013 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3480 Green Pointe Pkwy, Norcross, GA 30092
(Principal office address)

same
(Current mailing address)

8. Flooring Installation
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

CT Corporation System

By: _____

Ternell Kearney Asst. Secretary

(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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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman/Director

JOSEPH NASSAR

Address: 3480 GREEN POINTE PKWY
NORCROSS, GA 30092

Vice Chairman:

Address:

Director: JOSEPH RICCARDO JR.

Address: 3480 GREEN POINTE PKWY
NORCROSS, GA 30092

Director: SEAN MCCARTHY

Address: 3480 GREEN POINTE PKWY
NORCROSS, GA 30092

B. OFFICERS

President: JOSEPH NASSAR

Address: 3480 GREEN POINTE PKWY
NORCROSS, GA 30092

Vice President: JOE RICCARDO JR.

Address: 3480 GREEN POINTE PKWY
NORCROSS, GA 30092

Secretary: SEAN MCCARTHY

Address: 3480 GREEN POINTE PKWY

Treasurer: NORCROSS, GA 30092

Address:

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

13. [Signature]

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. JOE RICCARDO JR.

Vice President

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

13 MAR 14 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13241187
DATE INC/AUTH/FILED : 1/24/2013 1:39:25 PM
JURISDICTION : Georgia
PRINT DATE : 3/13/2013 3:49:05 PM

CERTIFICATE OF EXISTENCE

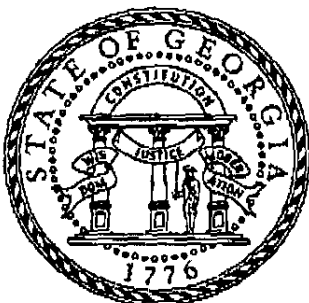
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Installer Payment Division Inc.
A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B. P. Kemp

Brian P. Kemp
Secretary of State

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