

F14000001077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

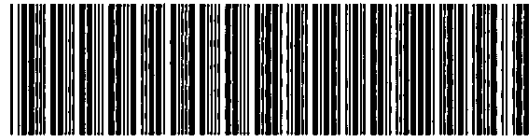
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-8674

Office Use Only



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02/03/14--01037--030 **78.75

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TELEXFREE, 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:

STACEY FISHER

Name of Person

BWFC PROCESSING CENTER, LLC

Firm/Company

825 E MAIN ST

Address

BOONVILLE, IN 47601

City/State and Zip code

stacey@joecraftcpa.com

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

For further information concerning this matter, please call:

STACEY FISHER

Name of Person

at (812) 641-0115

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2014

STACEY FISHER
825 E MAIN ST
BOONVILLE, IN 47601

SUBJECT: TELEXFREE, INC.
Ref. Number: W14000008674

We have received your document for TELEXFREE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

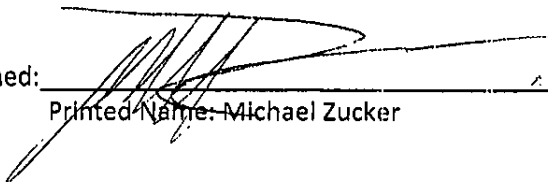
Letter Number: 814A00003009

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Letter of Consent

I, Michael Zucker, hereby being the Manager of TelexFree, LLC, in the State of Florida, which as of 12/18/13 was voluntarily dissolved, grant permission to Carlos Wanzeler to use the name of TelexFree for a domestic corporation. I attest that I will not be seeking at any time to reinstate or renew this name personally for myself or any business purposes.

Dated on this date 2/24/14

Signed: 
Printed Name: Michael Zucker

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. **TELEXFREE, 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. **MASSACHUSETTS**

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

3.

(FEI number, if applicable)

4. **12/31/2002**

(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. **225 CEDAR HILL ST, STE 200, MARLBOROUGH, MA 01752**

(Principal office address)

225 CEDAR HILL ST, STE 200, MARLBOROUGH, MA 01752

(Current mailing address)

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8.

(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:

CARLOS WANZELER

Office Address:

2321 NW 37TH AVE

COCONUT CREEK

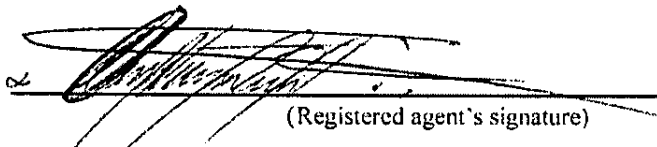
(City)

, Florida **33063**

(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.


(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: JAMES MERRILL

Address: 225 CEDAR HILL ST, STE 200
MARLBOROUGH, MA 01752

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Vice Chairman: _____

Address: _____

Director: JAMES MERRILL

Address: 225 CEDAR HILL ST, STE 200
MARLBOROUGH, MA 01752

Director: CARLOS WANZELER

Address: 225 CEDAR HILL ST, STE 200
MARLBOROUGH, MA 01752

B. OFFICERS

President: JAMES MERRILL

Address: 225 CEDAR HILL ST, STE 200
MARLBOROUGH, MA 01752

Vice President: _____

Address: _____

Secretary: JAMES MERRILL

Address: 225 CEDAR HILL ST, STE 200, MARLBOROUGH, MA 01752

Treasurer: CARLOS WANZELER

Address: 225 CEDAR HILL ST, STE 200, MARLBOROUGH, MA 01752

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. James Merrill

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: January 27, 2014

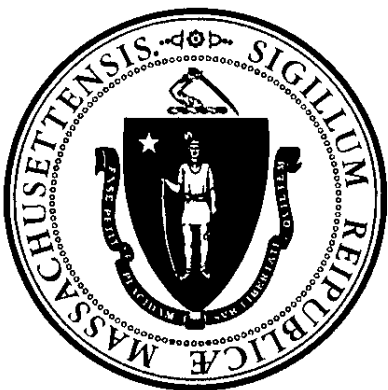
To Whom It May Concern :

I hereby certify that,

TELEXFREE, INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on December 31, 2002.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 14015978470

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: nmc

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