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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: Vanguard Advocacy 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.		
Please return all correspondence concerning this matter to the following: Kelly Caradonna Harlow Name of Person		
Vanguard Advocac	y Associates, Inc.	
11325 Stoneybrook Path		
Port Richey, FL 34668 City/State and Zip code		
City/State and Zip code Vacaca Advocacy a your oo. Com E-mail address: (to be use) for future annual report notification)		
For further information concerning this matter, please call:		
Kelly C. Harlow at (727) 808-7742 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 & \$87.50 Filing Fee, Certificate of Status &	

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN REORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING AS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Bater name excorporation; must include "INCORPORATED, "lnc.," 'Co.," "Corp." 'Inc." "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) he law of which it is incorporated) (PEI minibor, if applicable) ar corp. will cease to exist or "perpetual") rsi transacted business in Florida, if prior to registration? SECTIONS 607 1501 & 607 1502 P.S., to determine penalty liability) reubrook (Purpose(s) of comoration authorized in home state or country to be carried out in state of 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: (City) 10. Registered agent's acceptance: Having been named as registered ugant and to accept service of process for the above stated corporation at the place designated in Akis 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

Ignes Assistant VP

duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

12. Names and business addresses of officers and/or directors: < A. DIRECTORS Chairman: _ Vice Chairman: ______ Address: __ Address: Director: Address: **B. OFFICERS** Address: _____ Vice President: Address: _____ Secretary: Address: __ Treasurer: NOPE: If pecessary, 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.

(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 "VANGUARD ADVOCACY 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

NOVEMBER, A.D. 2013.

5396398 8300

131305321

AUTHENTICATION: 0894903

DATE: 11-14-13

You may verify this certificate online at corp.delaware.gov/authver.shtml