

W14000002303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

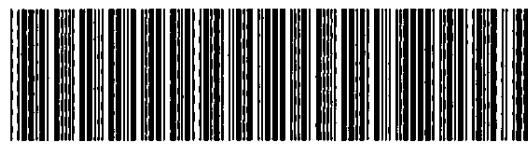
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/24/14--01032--005 \*\*70.00

05/28/14--01004--006 \*\*650.00

FILED  
14 MAY 28 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-19531

MAY 28 2014

J. BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2014

JOELLE HUSHEN  
NICP, INC.  
721 LOUNDES HILL RD, STE A  
GREENVILLE, SC 29607

SUBJECT: NICP, INC.  
Ref. Number: W14000019531

14 MAY 28 PM 2:51  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NICP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

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.

Joey Bryan  
Regulatory Specialist II Supervisor

Letter Number: 914A00006564

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NICP, 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:

Joelle Hushen

Name of Person

NICP, Inc

Firm/Company

721 Lowndes Hill Rd, Ste A

Address

Greenville, SC 29607

City/State and Zip code

Paige @ Stokes Bales CPA. Com

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

For further information concerning this matter, please call:

Paige Gillespie

Name of Person

at (804) 242-1418

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

RECEIVED  
14 MAY 28 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. NICP, 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. South Carolina

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

3. 20-4911788

(FEI number, if applicable)

4. 05/17/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 06/01/2013

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 235 Apollo Beach Blvd, Apollo Beach, FL 33572

(Principal office address)

Same

(Current mailing address)

8. Provide security for events also Security Consulting for events.

(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: Joelle Hushen

Office Address: 235 Apollo Beach Blvd, Ste 250

Apollo Beach, Florida 33572  
(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.*

Joelle Hushen  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

**B. OFFICERS**

President: Arthur S. Hushen

Address: 6812 Park Strand Drive  
Apollo Beach, FL 33572

Vice President: Joelle Hushen

Address: 6812 Park Strand Drive  
Apollo Beach, FL 33572

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

Joelle Hushen 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.

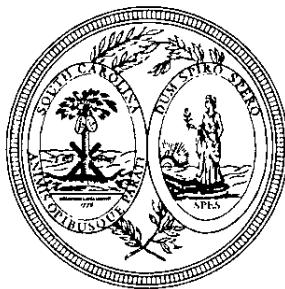
14. \_\_\_\_\_

Joelle Hushen / Vice President

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

1 MAY 28 1971  
SECRETARIAL STAFF  
TALLAHASSEE, FLORIDA  
RM 2.51

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

NICP, INC.,

a corporation duly organized under the laws of the State of South Carolina on May 17th, 2006, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
12th day of March, 2014.

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State