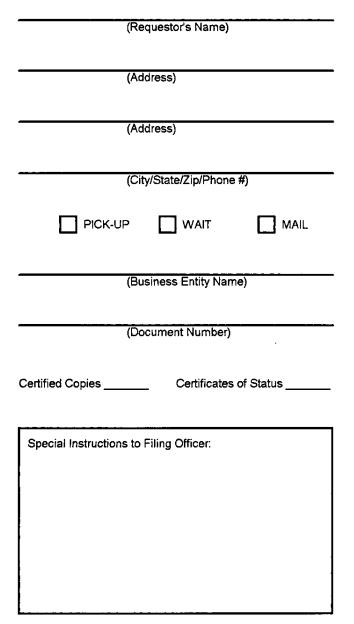
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2014

JIL QUINN BEBNAR INC 1295 ROOSEVELT AVE CARTERET, NJ 07008

SUBJECT: BEDNAR INC Ref. Number: W14000041930

We have received your document for BEDNAR INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 114A00014652

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: BODOW INC	
Name of corporati	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this man	ter to the following:
Jill Quinn	
Namo	of Person
Bednarine aba Atlant	nc Financial Services
Firm/C	ompany
1295 Roosevelt Ave	
Ad	dress
CARTERET, NJ. 0700	8
Jillaeatlanticloan	S. COM
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	
JIII Quinn at (73)	2, 969-9300
Name of Person Ar	ea 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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

# BEDNAR INC. DBA ATLANTIC FINANCIAL SERVICES 1295 ROOSEVELT AVENUE

CARTERET, NJ 07008 (732) 969-9300 FAX: (732) 969-9303

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Fla 32301

**Attn: Tyrone Scott** 

Dear Mr. Scott,

Please find the corrections for the application by foreign corporation. I believe my original application was sent back for corrections however, I still have not received it. I spoke with someone at the state who told me to make the corrections and add the certificate of good standing from the State of New Jersey.

If you need anything additional please feel free to call me.

Adl I

Jill Quinn

Thanks

NMLS# 70254

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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.

(Enter name of co	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
	•		
(If name unavaila	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting business	in Florida)
New Jers	ey	22-2607364	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
1987	5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "p	perpetual")
Upon (	Dualification		
		Florida, if prior to registration)	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty liability)	
1295 Roos	(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty liability)	
1295 Roos	(SEE SECTIONS 607.1501 & 607.15	ress)	
1295 Roos	(SEE SECTIONS 607.1501 & 607.1501 (Principal office add sevelt Ave Carteret, NJ 0700	ress)	
<del></del>	(SEE SECTIONS 607.1501 & 607.1501 (Principal office add sevelt Ave Carteret, NJ 0700	ress)	);# JUL 2
<del></del>	(SEE SECTIONS 607.1501 & 607.1501 (Principal office add Sevelt Ave Carteret, NJ 0700 (Current mailing add	7502, F.S., to determine penalty liability)  Tress)  Press)  O. Box NOT acceptable)	7
Name and street	(SEE SECTIONS 607.1501 & 607.1501 (Principal office add sevelt Ave Carteret, NJ 0700 (Current mailing add et address of Florida registered agent: (P.6)	7502, F.S., to determine penalty liability)  Tress)  Press)  O. Box NOT acceptable)	Z
Name and stree	(SEE SECTIONS 607.1501 & 607.1501	7502, F.S., to determine penalty liability)  Tress)  Press)  O. Box NOT acceptable)	JA JUL 21 FM 1: UN

9. 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.

George E. Mitchell
Discount Registered Agent
Account Manager

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_ Address: **B. OFFICERS** Vice President: Address: \_ Address: NOTE: If necessary, you may allach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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 \$1817.155, F.S. (Typed or printed name and capacity of person signing application) JIII QUINN, president

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### BEDNAR, INC.

0100221066

With the Previous or Alternate Name

### ATLANTIC FINANCIAL SERVICES (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 15, 1984.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Jill Bednar Quinn 1295 Roosevelt Ave. Carteret, NJ 07008 0000

THE STATE OF THE S

Certification# 132918167

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of July, 2014

Andrew P Sidamon-Eristoff

State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp