

F14000003424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

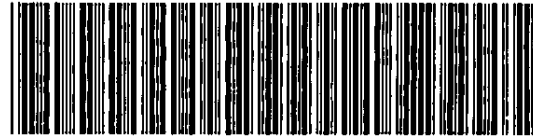
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/15/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ADRIENNE SIMNOCK CONSULTANCY 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:

Adrienne Simnock

Name of Person

Adrienne Simnock Consultancy, Inc.

Firm/Company

607 Main Avenue Suite 200

Address

Norwalk, CT 06851

City/State and Zip code

gterio@starrefining.com

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

For further information concerning this matter, please call:

Adrienne Simnock

Name of Person

at (914) 330-6667

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

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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

July 25, 2014

ADRIENNE SIMNOCK
9078 LIMESTONE LANE
NAPLES, FL 34120

SUBJECT: ADRIENNE SIMNOCK CONSULTING, INC.
Ref. Number: W14000045794

We have received your document for ADRIENNE SIMNOCK CONSULTING, 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):

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

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 314A00016021

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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. Adrienne Simnock Consultancy, 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. NEW YORK

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

3. 46-2966857

(FEI number, if applicable)

4. 6/13/2013

(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. 9078 Limestone Lane, Naples, FL 34120

(Principal office address)

9078 Limestone Lane, Naples, FL 34120

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Adrienne Simnock

Office Address: 9078 Limestone Lane

Naples

(City)

Florida

34120

(Zip code)

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TALLAHASSEE, FLORIDA

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.

(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.

Adrienne Simnock Consultancy, Inc.

46-2966857

ATX1

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

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A. DIRECTORS

Chairman: Adrienne Simnock

Address: 9078 Limestone Lane

Naples, FL 34120

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Adrienne Simnock

Address: 9078 Limestone Lane

Naples, FL 34120

Vice President: _____

Address: _____

Secretary: Adrienne Simnock

Address: 9078 Limestone Lane, Naples, FL 34120

Treasurer: Adrienne Simnock

Address: 9078 Limestone Lane, Naples, FL 34120

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Adrienne Simnock, President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ADRIENNE SIMNOCK CONSULTANCY INC. was filed on 06/13/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 09th day of July two
thousand and fourteen.

Anthony Scardino

Executive Deputy Secretary of State