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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

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

**SUBJECT:** S.W. Thomas Consultants, 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:

Scott W. Thomas

Name of Person

S.W. Thomas Consultants, Inc.

Firm/Company

1681 Saracen Lane

Address

North Port, FL 34286

City/State and Zip code

sthomas@swthomas.com

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

For further information concerning this matter, please call:

Scott W. Thomas at ( 239 ) 322-3722

Name of Person

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

**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. **S.W. Thomas Consultants, 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. **Pennsylvania**

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

3. **04-3682458**

(FEI number, if applicable)

4. **June 6, 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. **3438 Trindle Road, Suite 100, Camp Hill, PA 17011**

(Principal office address)

**3438 Trindle Road, Suite 100, Camp Hill, PA 17011**

(Current mailing address)

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

Name: **Scott W. Thomas**

Office Address: **1681 Saracen Lane**

**North Port**

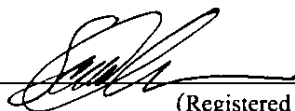
(City)

, Florida **34286**

(Zip code)

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.

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

**A. DIRECTORS**

Chairman: N/A

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

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

**B. OFFICERS**

President: Scott W. Thomas

Address: 1681 Saracen Lane, North Port, FL 34286

Vice President: Peggy S. Thomas

Address: 1681 Saracen Lane, North Port, FL 34286

Secretary: Scott W. Thomas

Address: 1681 Saracen Lane, North Port, FL 34286

Treasurer: Peggy S. Thomas

Address: 1681 Saracen Lane, North Port, FL 34286

**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 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.

13. Scott W. Thomas, President

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

14 SEP 12 PM 1:00  
STATE OF FLORIDA  
DEPARTMENT OF STATE

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

SEPTEMBER 8, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

FILED  
14 SEP 12 PM 1:00  
DEPARTMENT OF STATE  
HARRISBURG, PENNSYLVANIA

I DO HEREBY CERTIFY THAT,

**S. W. THOMAS CONSULTANTS, INC.**

Is duly Incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth