# F14000004335

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
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| <b>(</b>                | •                  |           |
| (Ci                     | ty/State/Zip/Phone | : #)      |
| PICK-UP                 | WAIT,              | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| •                       | ,                  |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE



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#### **COVER LETTER**

|                                   | ion of Cor                           |                                 |              |        |  |               |  |
|-----------------------------------|--------------------------------------|---------------------------------|--------------|--------|--|---------------|--|
| SUBJECT:                          | Capal                                | di Reynold:                     | s & Pelo     | si (   | Certified Public A   | <b>4cc</b>    | ountants, P.A.   |
|                                   |                                      | Name                            | of corporat  | tion - | must include suffix  |               |  |
| Dear Sir or M                     | adam:                                |                                 |              |        |  |               |  |
| "Certificate of                   | f Existence                          |                                 | te of Good S | Stanc  | authorization to Transac<br>ling" and check are sub<br>s in Florida.               |               |  |
| Please return                     | all corresp                          | ondence concer                  | ning this ma | atter  | to the following:  |               |  |
| Donna E                           | 3uzby                                |                                 |              |        |  |               |  |
|                                   |                                      |                                 | Name         | of P   | erson  |               |  |
| Capaldi                           | Reyn                                 | olds & Pe                       | losi CP      | 'As    | , PA   |               |  |
|                                   | _                                    |                                 | Firm/C       | Comp   | any  |               |  |
| 332 Tilto                         | on Roa                               | ad                              |              |        |  |               |  |
|                                   |                                      |                                 | Ac           | ddres  | s  |               |  |
| Northfie                          | ld, NJ                               | 08225                           |              |        | ·  |               |  |
| حاد حا ما ام                      | Ø                                    | اماد حددها                      | •            | te an  | d Zip code   |               |  |
| anbuzby                           | @capa                                | aldireynold                     |              | ed fo  | r future annual report n   | otifi         | cation)  |
|                                   | _                                    |                                 |              |        |  | 101111        | cation)  |
| For further inf                   | formation                            | concerning this                 | matter, plea | se ca  | ll:  |               |  |
| Donna E                           | 3uzby                                |                                 | at 609       | )      | <sub>)</sub> <u>641-4000 x1</u>  | 18            |  |
|                                   | e of Person                          | 1                               | Ar           | ea C   | ode & Daytime Telepho  | one ì         | Number   |
|                                   |                                      |                                 |              |        |  |               |  |
| New I<br>Divisi<br>Clifto<br>2661 | Filing Section of Cor<br>on Building | porations<br>G<br>Center Circle | SS:          |        | MAILING AI<br>New Filing Sec<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, Fl | ction<br>rpor | ations   |
| Enclosed is a                     | check for                            | the following an                | nount:       |        |  |               |  |
| □ \$70.00 Fil                     | ing Fee                              | S78.75 Filis<br>Certificate     |              | □      | \$78.75 Filing Fee & Certified Copy  | •             | \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

#### Capaldi Reynolds & Pelosi Certified Public Accountants, P.A.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

| (If name unavail        | able in Florida, enter alternate corporate nam                  | ne ad   | opted for the purpose of transacting business                               | in Florida) |                     |
|-------------------------|---|---|---|-------------|---------------------|
| <sub>2.</sub> New Jers  | sey   | 3.  | 22-2097516  |             |                     |
| (State or countr        | ry under the law of which it is incorporated)                   |   | (FEI number, if applicable)   |             | •                   |
| 4. January              | 20, 1976  | 5. <b>I</b>   | perpetual   |             |                     |
|                         | e of incorporation)   | (Duration: Year corp. will cease to exist or "perpetual") |   | •           |                     |
| <sub>6.</sub> none tran | nsacted yet   |   |   |             |                     |
|                         | (Date first transacted business (SEE SECTIONS 607.1501 & 607.   |   | Florida, if prior to registration) 2, F.S., to determine penalty liability) |             |                     |
| 7. 332 Tilton           | Road, Northfield NJ 082   | 25  |   | TALL<br>SEC | 0 11                |
|                         | (Principal office ad  | ddre  | ss)   | 毛品          | 130                 |
| 332 Tilton              | Road, Northfield NJ 08225                                       | 5   |   | SSA         | $\overline{\omega}$ |
|                         | (Current mailing ad   | ddre  | ss)   | - in C      | -                   |
| 8. Name and stres       | et address of Florida registered agent: (P<br>Bernard A Capaldi | P.O.  | Box NOT acceptable)   | STATE       | PM 2: 00            |
| Office Address:         | 11862 SE Village Drive  |   |   |             |                     |
|                         | Tequesta  |   | . Florida 33469   |             |                     |
|                         | (City)  |   | (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  | 14 UCT 13 PM 2: 00                                      |
|---|---|
| Chairman:   | SECRETARY OF STATE TALLAHASSEE, FLORIDA                 |
| Address:  | TALLAHASSEE, FLORIDA                                    |
| Vice Chairman:  |   |
| Address:  |   |
| Director:   |   |
| Address:  |   |
| Director:   |   |
| Address:  |   |
| B. OFFICERS   |   |
| President: Robert D Reynolds  | <del></del>   |
| Address: 1 N Osbourne Ave   |   |
|   |   |
|   |   |
| Address: 509 Oxford Ave   |   |
| Ventnor, NJ 08406   |   |
| Secretary: Donna Buzby  |   |
| Address: 33 Asbury Ave, Linwood, NJ 08221   |   |
| Treasurer: Matthew Reynolds   |   |
| Address: 201 E Patcong Dr, Linwood, NJ 082  | 21  |
| NOTE: If necessary, you may attach an addendum to the applicate.  |   |
| Signature of Director The officer or director signing this document (and who is listed i are true and that he or she is aware that false information submitt a third degree felony as provided for in s.817.155, F.S. | n number 12 above) affirms that the facts stated herein |
| 13. Donna Buzby, Secretary  |   |

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

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



14 OCT 13 PM 2:00

#### SECRETARY OF STATE CAPALDI, REYNOLDS & PELOSI CERTIFIED PUBLIC ACCOUNTANTS, FLARIDA

0100011320

With the Previous or Alternate Name

CAPALDI & SCHALICK, CHARTERED (Previous Name)
CAPALDI, SCHALICK & REYNOLDS, CHARTERED (Previous Name)
CAPALDI, REYNOLDS & ASSOCIATES, P.A. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on January 29, 1976.

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:

Matthew J Reynolds 332 Tilton Road Northfield, NJ 08225

THE STATE OF THE S

Certification# 133632147

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of September, 2014

Andrew P Sidamon-Eristoff
State Treasurer

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

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