

FAU 00004550

(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



200265399632

10/24/14--01018--007 **87.50

RECEIVED
FBI ALABAMA
OCT 24 2014

14 OCT 24 AM 7:38

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NIELSEN SUPPORT SYSTEMS, 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:

Robert R Naugler, CPA

Name of Person

Robert R Naugler, CPA, PA

Firm/Company

6727 W Ustick Rd

Address

Boise, ID 83704

City/State and Zip code

robert.naugler@nauglercpa.com

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

For further information concerning this matter, please call:

Robert R Naugler at (208) 322-0635

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. NIELSEN SUPPORT SYSTEMS, 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. IDAHO, USA

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

3. 82-0414167

(FEI number, if applicable)

4. 4/20/1987

(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. 13814 SAXON LAKE, JACKSONVILLE, FL 32225

(Principal office address)

13814 SAXON LAKE, JACKSONVILLE, FL 32225

(Current mailing address)

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

Name: JOHN H NIELSEN

Office Address: 13814 SAXON LAKE

JACKSONVILLE

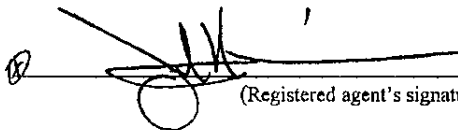
(City)

, Florida 32225

(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.

STATE
OF
FLORIDA
DEPT. OF STATE

14 OCT 24 AM 7:38

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

A. DIRECTORS

Chairman: JOHN H NIELSEN

Address: 13814 SAXON LAKE
JACKSONVILLE, FL 32225

Vice Chairman: _____

Address: _____

Director: JOHN H NIELSEN

Address: 13814 SAXON LAKE
JACKSONVILLE, FL 32225

Director: _____

Address: _____

B. OFFICERS

President: JOHN H NIELSEN

Address: 13814 SAXON LAKE
JACKSONVILLE, FL 32225

Vice President: _____

Address: _____

Secretary: JOHN H NIELSEN

Address: 13814 SAXON LAKE, JACKSONVILLE, FL 32225

Treasurer: JOHN H NIELSEN

Address: 13814 SAXON LAKE, JACKSONVILLE, FL 32225

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. JOHN H NIELSEN, PRESIDENT

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

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE
OF
NIELSEN SUPPORT SYSTEMS, INC.

File Number C-83703

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named corporation was incorporated under the laws of Idaho on April 20, 1987.

I FURTHER CERTIFY That the corporation is in good standing on the records of this office.

14 OCT 24 AM 7:38
STATE
RECEIVED
SALT LAKE CITY

Dated: October 21, 2014



Ben Yursa

SECRETARY OF STATE

By *[Signature]*