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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: WILLAM & STOCKOALE & ASSOCIATES, INC.  Name of corporation - must include suffix
Name of corporation - must include surfix
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:  WILLIAM STOCKDAUF
Name of Person
WILLAM & STOCKDALE & ASSOCIATES, INC.
Firm/Company 141 PAREY ISLAND PLACE
Address
JUDITER FL 3345B
City/State and Zip code
WRSTOCKDALE @ SBC &LOBAL . NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M///an R Jakont at 317, 752 4096
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Taliahassee, FL 32301
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee  □ \$78.75 Filing Fee & Certificate of Status  □ \$78.75 Filing Fee & Certificate of Status  □ \$78.75 Filing Fee & Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN GOMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1. 4/1/AM L. STOCKWALE & ASSOCIATES, 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. TWOIANA 3. 35 175 1276 (State or country under the Jaw of which it is incorporated) (FEI number, if applicable)	
4. 7/7/88 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
(Current mailing address)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  JUPITER FL  33458  (Principal office address)  (Current mailing address)	
(Principal office address)  (Principal office address)  (Principal office address)	_
NEW 141 PAREY ISLAND PIACE 32458	
(Current mailing address)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
1. Illan R Starton F	
Name: h/llam R Stockwale  Office Address: 141 PAREY I SLAND PLACE  TUPITER Florida 33458  (City) (City) (Zip code)	
Office Address: 191 PAREY I SIAIDO 12102	
JUPITER, Florida 33450	
(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.	
Allen Etotidale	
(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.

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chalrman: \_\_\_' Address: \_ Vice Chairman: \_\_\_ Address: \_ Director: Address: Director: Address: **B. OFFICERS** President: Vice President: \_ Address: \_ JUDITER FL 33458 Treasurer: Address: NOTE: If necessary, you may attach in addendum to the application listing additional officers and/or directors. 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. (Typed or printed name and capacity of person signing application)

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## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### WILLIAM R. STOCKDALE & ASSOCIATES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 07, 1988, and was in existence or authorized to transact business in the State of Indiana on October 29, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Ninth Day of October, 2014.

Corrie Zewson

Connie Lawson, Secretary of State

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