

F14000005219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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December 5, 2014

VIA: CERTIFIED MAIL

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**RE: C.A.R.S. Protection Plus, Inc.
Foreign Profit Corporation Application**

Dear Sir or Madam:

Enclosed please find our Foreign Profit Corporation Application, Certificate of Good Standing and check made payable to Florida Department of State for \$87.50.

Thank you for your prompt attention to this matter. Should you have any questions or require any additional information in order to effectuate our application, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'JPM', is written over the printed name and title.

Jason P. McConnell
General Counsel

JPM/jmm
Enclosure

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C.A.R.S Protection Plus, 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:

Jason P. McConnell

Name of Person

C.A.R.S. Protection Plus, Inc.

Firm/Company

4431 William Penn Highway, Suite 1

Address

Murrys ville, PA 15668

City/State and Zip code

jason.mcconnell@carspp.com

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

For further information concerning this matter, please call:

Jason P. McConnell

Name of Person

at (888) 335-6838 x231

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. **C.A.R.S Protection Plus, Inc.**

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

Florida C.A.R.S. Protection Plus, Inc.

(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. **25-1815932**

(FEI number, if applicable)

4. **July 31, 1998**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4431 William Penn Highway, Suite 1, Murrysville, PA 15668**

(Principal office address)

4431 William Penn Highway, Suite 1, Murrysville, PA 15668

(Current mailing address)

ALL DOCUMENTS
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TALLAHASSEE, FLORIDA

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

Name: **Kelly Guerrieri**

Office Address: **3731 Redwood Drive**

Land O Lakes

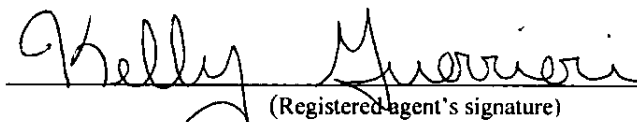
(City)

, Florida **34639**

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael A. Tedesco

Address: 4431 William Penn Highway, Suite 1

Murrysville, PA 15668

Vice President: Cynthia L. Tedesco

Address: 4431 William Penn Highway, Suite 1

Murrysville, PA 15668

Secretary: Michael A. Tedesco

Address: 4431 William Penn Highway, Suite 1, Murrysville, PA 15668

Treasurer: Michael A. Tedesco

Address: 4431 William Penn Highway, Suite 1, Murrysville, PA 15668

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. Michael A. Tedesco: Owner, President, Secretary, Treasurer

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

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

DECEMBER 5, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

C.A.R.S. PROTECTION PLUS, 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