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02/11/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Homeyer Consulting Services, 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:

Kimberly Costa

Name of Person

Homeyer Consulting Services, Inc.

Firm/Company

36 Hillman Street - Unit #8

Address

Tewksbury, MA 01876

City/State and Zip code

H20AP@homeyer.com

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

For further information concerning this matter, please call:

Kimberly Costa

Name of Person

at (978) 569-2416

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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **Homeyer Consulting Services, 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. **Massachusetts**

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

3. **04-3169655**

(FEI number, if applicable)

4. **10-01-1992**

(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. **205 Commerce Way, Jupiter, FL 33458**

(Principal office address)

36 Hillman Street - Unit #8, Tewksbury, MA 01876

(Current mailing address)

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

Name: **Robert L. Homeyer**

Office Address: **205 Commerce Way**

Jupiter

(City)

, Florida **33458**

(Zip code)

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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: Robert L. Homeyer

Address: 6941 Cypress Cove Circle
Jupiter, FL 33458

Vice Chairman: _____

Address: _____

Director: Christiana N. Homeyer

Address: 51 Wescott Circle
Tewksbury, MA 01876

Director: _____

Address: _____

B. OFFICERS

President: Robert L. Homeyer

Address: 6941 Cypress Cove Circle
Jupiter, FL 33458

Vice President: _____

Address: _____

Secretary: Robert L. Homeyer

Address: 6941 Cypress Cove Circle, Jupiter, FL 33458

Treasurer: Robert L. Homeyer

Address: 6941 Cypress Cove Circle, Jupiter, FL 33458

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

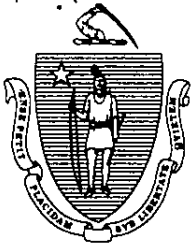
Signature of Director or Officer

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. Christiana N. Homeyer, Vice President - Corporate Services

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

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William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 29, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

AQUA TEK CONSULTING SERVICES, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **October 1, 1992**.

I also certify that by Articles of Amendment filed here **November 19, 1992**, the name of said corporation was changed to

HOMEYER CONSULTING SERVICES, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.

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In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

