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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2015
S. GILBERT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRISHA CROMBIE & ASSOCIATES 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:

PATRICIA B CROMBIE
Name of Person
TRISHA CROMBIE & ASSOCIATES INC.
Firm/Company
4099 TAMiami TRAIL NORTH, STE 200
Address
NAPLES, FL 34103
City/State and Zip code
trisha @ trisha crombie assoc. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Crombie at (239) 260-3680
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. TRISHA CROMBIE & 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. PA

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

3. 27-3259563

(FEI number, if applicable)

4. 07-01-2010

(Date of incorporation)

5. PERPETUAL

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

6. 03-01-2015

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

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

7. 4099 TAMiami TRAIL NORTH, STE 200, NAPLES, FL 34103

(Principal office address)

4099 TAMiami TRAIL NORTH, STE 200, NAPLES, FL 34103

(Current mailing address)

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

Name: Patricia B. CROMBIE

Office Address: 4099 TAMiami TRAIL NORTH, STE 200

NAPLES

(City)

, Florida

34103

(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.

PB Crombie

(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: PATRICIA B. CROMBIE

Address: 4099 TAMiami TRAIL NORTH, STE 200
NAPLES, FL 34103

Vice President: _____

Address: _____

Secretary: PATRICIA B. CROMBIE

Address: 4099 TAMiami TRAIL NORTH, STE 200, NAPLES, FL 34103

Treasurer: PATRICIA B. CROMBIE

Address: 4099 TAMiami TRAIL NORTH, STE 200, NAPLES, FL 34103

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

12. P.B. Crombie

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. P.B. CROMBIE, PRESIDENT & OWNER

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

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

FEBRUARY 2, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Trisha Crombie & Associates, 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.

Pedro A. Contes

Acting Secretary of the Commonwealth