# F15000003519

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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### **COVER LETTER**

то:	Registration Se Division of Co					
SUBJ	ECT: L	DUKE	BUSINE	5)	SENVICES must include suffix	, INC.
		7	Name of corpora	tion -	must include suffix	
Dear S	ir or Madam:					
"Certif		ee," or "Cert	ificate of Good	Stanc	ling" and check are sub	et Business in Florida," mitted to register the
Please				M	to the following: ESDERTE erson	RI
$\mathcal{L}$	VUKE	BUSI			•	INC.
	3440	HOL	Firm/C LYWOO	Comp <i>O</i>	VICES, 7 pany BLVD	#415
	RAYC	D D U	City/Sta KEBUS ddress: (to be us	ite and	33021 d Zip code VESS ONLIA or future annual report r	NE LOM notification)
For fur	ther information					
PAYM	OND BEA	MESDA	156Rat (2)	15-	Daytime Telepl	//
	Name of Perso	on	Area	Code	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for	the following	ng amount:			
<b>57</b> 0	.00 Filing Fee		Filing Fee & icate of Status	0	\$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. I503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
DUKE BUSINESS SERVICES, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"lne.," "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 (PENNSYLVANIA) (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1 2 6 0 4 5. (Date of incorporation) 5. (Date of duration, if other than perpetual)
6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 407 1501 P. 407 1503 E.S. to determine negative lightitial)
77715 ALGON AUE PHILADELPHIA PA 1911
(Principal office address)
10 LLYWOOD & FAICE SUITES 3440 HOLLYWUUD BLVD. SVIJE 4/3
7. 7715 ALGON AUE PHILADELPNIA PA 1911  (Principal office address)  (Ourrent mailing address, if different)  (Current mailing address, if different)  (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: ROYMOND BEAME(DERFER III
Office Address: 3440 HOLLYWOO BLVO. SVITE 415  HOLLYWOO , Florida 3302/ (City) (Zip code)
Hollywood, Florida 3302/
(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.
f/Q $f$ .
(Registeredlauoni's suprature)
(Pagistarallagant's supporture)

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 Chairman: \_\_ Address: \_ Vice Chairman: \_\_ Address: Director: \_ Address: \_\_ Director: **B. OFFICERS** RAYMOND BEAMESDERKER Vice President: \_\_\_ Address: \_\_\_ Secretary: \_\_ Address: \_ Treasurer: NOTE: If necessary, you may author an 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 11 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

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

BEAMESDERKER

a third degree felony as provided for in s.817.155, F.S.

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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 08/07/2015

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

LOO HEREBY CERTIFY THAT.

#### DUKE BUSINESS SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein

LOO 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

Carried any of the commonmunalth

Certification Number: TSC150804090296-1

Verify this certificate online at http://www.corporations.pa.gov/orders/renfy.aspx