F1500003559

(Requestor's Name)
(Address)
(Address)
(133.333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
- ,
·

Office Use Only



300275487563

08/04/15--01015--002 **78.75

SECRETARY OF STATE



July 13, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Foreign Corporation Registration

To the Registration Section:

Enclosed please find the Foreign Corporation registration for my small business, Independent Review, Inc. (Federal Tax ID: 27-2143458).

At this time, Independent Review, Inc. has only one (1) board member and shareholder, I, Velma Anne Ruth. The limited number of board members is in compliance with the laws of the Commonwealth of Massachusetts, where Independent Review, Inc. is incorporated.

I have interests to fully relocate this corporation to the State of Florida, though understand that Florida state laws require three (3) board members. I would need some time to develop professional affiliations in Florida in order to achieve this level of board membership.

Please advise if there are any issues with registering Independent Review, Inc. as a Foreign Corporation in the State of Florida, given the current limited board membership.

Sincerely,

Velma Anne Ruth President & Founder Independent Review, Inc. 11420 US Highway 1, Unit 139 North Palm Beach, FL 33408

Phone: 561-766-1980 Mobile: 617-935-2892

Email: <u>velmaanne@registeredindie.com</u>
Website: <u>www.registeredindie.com</u>

COVER LETTER

TO: Registration Section Division of Corporations	,
Independent Review, Inc. SUBJECT:	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this m Velma Anne Ruth	natter to the following:
Nam	e of Person
Independent Review, Inc.	
Firm/ 11420 US Highway 1, Unit 139	Company
	Address
North Palm Beach, FL 33408	
City/St velmaanne@registeredindie.com	ate and Zip code
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Velma Anne Ruth 561	766-1980
Name of Person Area	Code Daytime Telephone 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
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida
Massachusetts	3.	27-2143458
4/10/2010	y under the law of which it is incorporated) 5.	(FEI number, if applicable)
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)
1370 Twelve Oa	(SEE SECTIONS 607.1501 & 607.1501 ks Way, Unit 112, North Palm Beach, FL 334	
US Highway 1, U	(Princip Unit 139, North Palm Beach, FL 33408	oal office address)
	(Current mailir	ng address, if different)
Name and stree	t address of Florida registered agent: (P.C Velma Anne Ruth	D. Box NOT acceptable)
fice Address:	11370 Twelve Oaks Way, Unit 112	
	North Palm Beach	3340833 ;
	(City)	(Zip code)

9. Registered agent's acceptance:

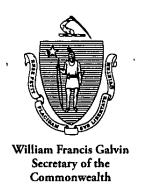
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent a 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. Nam	nes and business addresses of officers and/or directors:	
A. DIRI	ECTORS	
Chairman	Velma Anne Ruth	
Address:	11370 Twelve Oaks Way, Unit 112	
	North Palm Beach, FL 33408	
Vice Chai	irman:	
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFF	ICERS	
President:	Velma Anne Ruth	
	11370 Twelve Oaks Way, Unit 112	1
Address.	North Palm Beach, FL 33408	Wind E
Vice Pres	ident:	6
		<u> </u>
riddiess.		
Secretary:		
·		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or dire	ectors.
12	Signature of Director or Officer eer or director signing this document (and who is listed in number 11 above) affirms that the facts	
The office	Signature of Director or Officer	stated bessin
are true a	ter or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Staggee felony as provided for in s.817.155, F.S.	
	na Anne Ruth, President	

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



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

Date: July 10, 2015

To Whom It May Concern:

I hereby certify that,

INDEPENDENT REVIEW, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on April 20, 2010.

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



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travin Galicin

Certificate Number: 15074238970

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: jmu