

F15000003913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

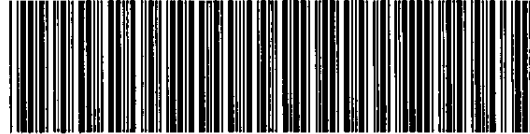
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 04 2015

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Gaines, Goldenfarb & Associates, PC

Certified Public Accountants / Business Advisors

1000 Woodbridge Ctr. Dr.
2nd Floor, Suite 213
Woodbridge, NJ 07095

Tel: 732-906-9277
Fax: 732-906-9133
mgaines@ggapc.com

OVERNIGHT MAIL

August 25, 2015

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Business Service Consultants Inc.
701 Spanish Main Drive, Unit 136
Cudjoe Key, FL 33042
FEIN: 47-2520466

Dear Sir or Madam:

As the accountants for the above-referenced corporation, we have assisted the taxpayer in completing the paperwork necessary to register this NJ corporation to conduct business in Florida.


Accordingly, enclosed please find:

- Application by Foreign Corporation for Authorization to Transact Business in Florida;
- Certificate of Good Standing issued by the State of New Jersey on July 2, 2015;
- A check for \$87.50 to cover the costs of the Filing Fee, Certificate of Status, and Certified Copy.

Please contact me at 732-906-9277 if you need any additional information to process this application.

Thank you for your courteous and prompt attention to this matter.

Sincerely,


Michael D. Gaines, CPA
Gaines, Goldenfarb & Associates, PC

Enclosures

cc: G. Ingrid Kubiak

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Business Service Consultants 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:

Michael D. Gaines, CPA

Name of Person
Gaines, Goldenfarb & Associates, PC
Firm/Company
1000 Woodbridge Center Drive, Ste 213
Address
Woodbridge, NJ 07095
City/State and Zip code
snolan CPA 1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Gaines, CPA	732	906-9277
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:

- | | | | |
|---|--|---|--|
| <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 checked="" 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. Business Service Consultants 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. New Jersey 3. 47-2520466
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/10/2014 5. _____
(Date of incorporation) (Date of duration, if other than 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. 701 Spanish Main Drive, Unit 136, Cudjoe Key, FL 33042
(Principal office address)
- same
(Current mailing address, if different)

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

Name: G. Ingrid Kubiak

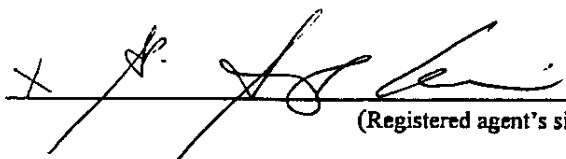
Office Address: 701 Spanish Main Dr, Unit 136

Cudjoe Key, Florida 33042
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: G. Ingrid Kubiak
701 Spanish Main Drive, Unit 136
Address: Cudjoe Key, FL 33042

Vice Chairman: Gary F. Kubiak
701 Spanish Main Drive, Unit 136
Address: Cudjoe Key, FL 33042

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: G. Ingrid Kubiak
701 Spanish Main Drive, Unit 136
Address: Cudjoe Key, FL 33042

Vice President: Gary F. Kubiak
701 Spanish Main Drive, Unit 136
Address: Cudjoe Key, FL 33042

Secretary: Gary F. Kubiak
701 Spanish Main Drive, Unit 136, Cudjoe Key, FL 33042
Address: _____

Treasurer: G. Ingrid Kubiak
701 Spanish Main Drive, Unit 136, Cudjoe Key, FL 33042
Address: _____

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

12. X [Signature]
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 a third degree felony as provided for in s.817.155, F.S.

13. G. Ingrid Kubiak
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
PALM BEACH COUNTY
FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

BUSINESS SERVICE CONSULTANTS INC.

0400707889

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 10, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Ingrid Kubiak
22 Bluebeard Drive
Waretown, NJ 08758*



Certification# 136826703

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
2nd day of July, 2015*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp