

F1500 0004473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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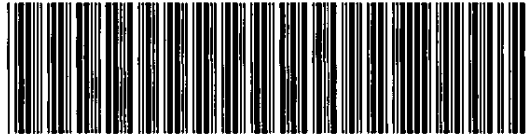
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J SHIVER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EZ FINANCIAL 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:

JOHN P MILLER

Name of Person

JOHN P MILLER CPA PA

Firm/Company

2499 GLADES RD STE 304

Address

BOCA RATON, FL 33431

City/State and Zip code

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

For further information concerning this matter, please call:

JOHN P MILLER

Name of Person

at ( 561 ) 368-9777

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      ☐ \$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. EZ FINANCIAL 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. 04-3843584

(FEI number, if applicable)

4. JANUARY 19, 2006

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. UPON APPROVAL

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3817 NW 62ND STREET, COCONUT CREEK, FL 33073

(Principal office address)

(Current mailing address, if different)

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

Name: SOSTENES SOUZA

Office Address: 3817 NW 62ND STREET

COCONUT CREEK, Florida 33073

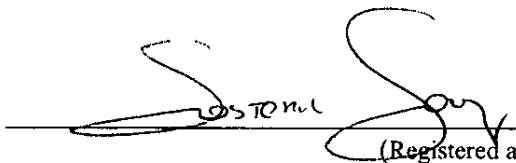
(City)

(Zip code)

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: SOSTENES SOUZA

Address: 3817 NW 62ND STREET

COCONUT CREEK, FL 33073

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: SOSTENES SOUZA

Address: 3817 NW 62ND STREET

COCONUT CREEK, FL 33073

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: SOSTENES SOUZA

Address: 3817 NW 62ND STREET, COCONUT CREEK, FL 33073

Treasurer: SOSTENES SOUZA

Address: 3817 NW 62ND STREET, COCONUT CREEK, FL 33073

**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 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.

SOSTENES SOUZA, PRESIDENT, SECRETARY, TREASURER, DIRECTOR

13. \_\_\_\_\_

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



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: October 01, 2015

To Whom It May Concern :

I hereby certify that according to the records of this office,  
**EZ FINANCIAL SERVICES, INC.**

is a domestic corporation organized on **January 19, 2006** , under the General Laws of the  
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-  
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's  
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-  
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as  
appears of record said corporation has legal existence and is in good standing with this office.

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STATE HOUSE  
BOSTON, MASSACHUSETTS



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

Certificate Number: 15105552260

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

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