

F15000004538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

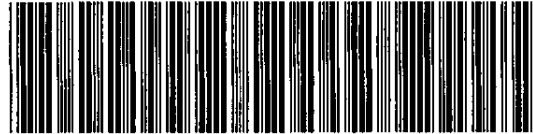
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TALLAHASSEE, FLORIDA

OCT 13 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2015

KIRKE W MARSH  
228 EAST 45TH STREET STE 9E  
NEW YORK, NY 10017

SUBJECT: TABS INC.  
Ref. Number: W15000064592

We have received your document for TABS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 115A00020482

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TALLAHASSEE FLORIDA

RECEIVED  
15 OCT 13 PM 2:46  
REGULATORY STAFF  
TALLAHASSEE FLORIDA



WillMar Management, Inc.  
228 East 45th Street Suite 9E  
New York, New York 10017  
Kirke@WillMarManagement.com  
Ph. 347-227-0244

October 7, 2015

Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

**RE: TABS INC. Application by Foreign Corporation for Authorization  
Rejection Letter No. 115A00020482**

Dear Sir / Madame:

Enclosed herewith please find the following: (i) Application by Foreign Corporation for Authorization to Transact Business in Florida re-submitted on behalf of TABS Inc. adding an alternate name (Trans Atlantic Business Services) for the purposes of transacting business in Florida; and (ii) a copy of the rejection letter dated September 28, 2015 outlining the reasons for rejection.

Should you have any questions or concerns please contact me at your earliest convenience.

Very truly yours,

  
Kirke W. Marsh

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TABS 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:

Kirke W. Marsh

Name of Person

WillMar Management, Inc.

Firm/Company

228 East. 45th Street, Suite 9E

Address

New York, New York 10017

City/State and Zip code

Kirke@WillMarManagement.com

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

For further information concerning this matter, please call:

Kirke Marsh

Name of Person

at ( 347 )

Area Code

227-0244

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

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TALLAHASSEE, FLORIDA

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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. TABS INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

TRANS ATLANTIC BUSINESS SERVICES  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 80-059357  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 5, 2010 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Not prior to registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 228 East 45th Street, Suite 9E New York, New York 10017  
(Principal office address)

(Current mailing address, if different)

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

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A  
TAMPA, Florida 33607  
(City) (Zip code)

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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.*

Tom Glover/Manager/Northwest Registered Agent LLC

(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: Jacob Willemsen  
Address: 228 East 45th Street, Suite 9E New York, New York 10017

Vice Chairman: N/A  
Address: \_\_\_\_\_

Director: N/A  
Address: \_\_\_\_\_

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

**B. OFFICERS**

President: Jacob Willemsen  
Address: 228 East 45th Street, Suite 9E New York, NY 10017


Vice President: None  
Address: \_\_\_\_\_

Secretary: Jacob Willemsen  
Address: 228 East 45th Street, Suite 9E New York, NY 10017

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

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**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.

13. Jacob Willemsen, President  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TABS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2015.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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151166478

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2648678

DATE: 08-15-15