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2015 NOV -2 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FL 32317

715-000024700  
11/2/15

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NATIONAL ACCOUNT MANAGEMENT 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:

CATHERINE MCPHERSON, ESQ.

Name of Person

Firm/Company

6506 EAST QUAKER STREET, SUITE 202

Address

ORCHARD PARK, NEW YORK 14127

City/State and Zip code

CMCPHERSON.CCR@GMAIL.COM

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

For further information concerning this matter, please call:

Catherine McPherson at ( 716 ) 676-1353 x 102

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2015

CATHERINE MCPHERSON  
6506 EAST QUAKER STREET  
SUITE 202  
ORCHARD PARK, NY 14127

SUBJECT: NATIONAL ACCOUNT MANAGEMENT INC.  
Ref. Number: W15000024700

We have received your document for NATIONAL ACCOUNT MANAGEMENT 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 015A00007082

**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. NATIONAL ACCOUNT MANAGEMENT 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 YORK**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. JULY 2, 2012**

(Date of incorporation)

**5.****PREPETUAL**

(Duration: Year corp. will cease to exist or "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. 247 CAYUGA ROAD, SUITE 10, CHEEKTOWAGA, NY 14225**

(Principal office address)

**247 CAYUGA ROAD, SUITE 10, CHEEKTOWAGA, NY 14225**

(Current mailing address)

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

Name:

Incorp Services, Inc.

Office Address:

17888 67th Court NorthLoxahatchee

(City)

Florida

33470

(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.*

Natalie Bales on behalf of Incorp Services, Inc.  
(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.

FILED  
2015 NOV - 21 AM 9:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: RICHARD CERRONEAddress: 247 CAYUGA ROAD, SUITE 10  
CHEEKTOWAGA, NY 14225

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

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

Secretary: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_**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 12 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. RICHARD CERRONE \_\_\_\_\_

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

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of NATIONAL ACCOUNT MANAGEMENT INC. was filed on 07/02/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 22nd day of October two  
thousand and fifteen.*

*Anthony Giardina*

*Executive Deputy Secretary of State*