

F15000004997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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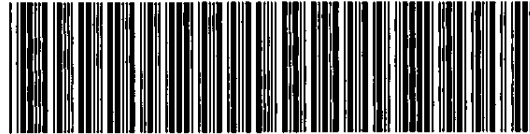
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVESTIGATIVE PROFESSIONALS 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:

DONALD A. MAY  
Name of Person  
INVESTIGATIVE PROFESSIONALS INC.  
Firm/Company  
152 WEST HOFFMAN AVE. SUITE 1  
Address  
LINDENHURST, NY 11757  
City/State and Zip code  
don.may4@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD A. MAY at (631) 889-1511  
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    ☐ \$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. INVESTIGATIVE PROFESSIONALS, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

I P I. INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 58-2407524  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/05/1998 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. 152 WEST HOFFMAN AVE. SUITE 1 LINDENHAST NY 11757  
(Principal office address)  
2120 DRUID ROAD E. #6204 CLEARWATER, FL 33764  
(Current mailing address, if different)

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

Name: JOSEPH E. MAY

Office Address: 2120 DRUID ROAD E. #6204  
CLEARWATER, Florida 33764  
(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.*

Joseph E. May  
(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.

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SECRETARY 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: DONACO A. MAY

Address: 152 WEST HOFFMAN AVE. SUITE 1

LINDEN HURST N.Y. 11757

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 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. DONACO A. MAY - PRESIDENT

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

15 NOV 12 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INVESTIGATIVE PROFESSIONALS INC  
ATTN: DONALD A. MAY, PRESIDENT  
152 WEST HOFFMAN AVE., SUITE 1  
LINDENHURST NY 11757

CUST REF: MAIL

*Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.*

*If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.*

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

I hereby certify, that the Certificate of Incorporation of INVESTIGATIVE PROFESSIONALS, INC. was filed on 08/05/1998, 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.



15 NOV 12 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 26th day of October two  
thousand and fifteen.*

*Anthony Giardina*

Executive Deputy Secretary of State