

F15000 005123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

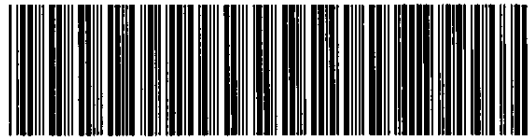
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000279070050

11/18/15--01019--013 **70.00

FILED
15 NOV 18 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 19 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westcon 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:

Kevin Quarantello

Name of Person

Westcon Financial Services, Inc.

Firm/Company

90 Grove Street, Suite 206

Address

Ridgefield, CT 06877

City/State and Zip code

Maryanne.Trierweiler@westcon.com

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

For further information concerning this matter, please call:

Maryanne Trierweiler at (303) 222-4807

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. Westcon 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. Delaware 3. 47-1736376
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/31/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/21/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 90 Grove Street, Suite 206 Ridgefield, CT 06877
(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.


Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

FILED
15 NOV 18 AM 8:26
SECRETARY OF STATE
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.

 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jens Montanana

Address: 210 Bath Road

Slough, United Kingdom SL1 3XE

Director: Kevin Quarantello

Address: 90 Grove Street, Suite 206

Ridgefield, CT 06877

B. OFFICERS

President: Jens Montanana

Address: 210 Bath Road

Slough, United Kingdom SL1 3XE

Vice President: _____

Address: _____

Secretary: Kevin Quarantello

Address: 90 Grove Street, Suite 206 Ridgefield, CT 06877

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. Kevin Quarantello, Secretary, Director

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

15 NOV 18 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WESTCON FINANCIAL SERVICES, 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 THIRTY-FIRST DAY OF OCTOBER,
A.D. 2015.

FILED
15 NOV 18 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5579150 8300

SR# 20150604791

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10336766

Date: 10-31-15