

FB000005654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

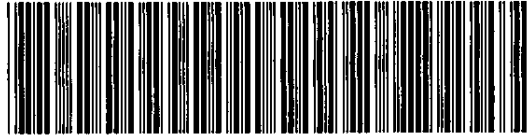
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

DEC 23 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations
VeriScreen, Inc.

SUBJECT: _____
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:
Mark Harmon

Name of Person
VeriScreen
Firm/Company
7144 E. Virginia Street, Suite F
Address
Evasnville, IN 47715
City/State and Zip code
mharmon@veriscreen.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mark Harmon	812	474-0744
_____	at (_____)	_____
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.*

VeriScreen, Inc.

1. _____
(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)
Indiana, USA 61-1507120

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/22/2005 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
January 1, 2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7144 E. Virginia Street, Suite F, Evansville, IN 47715

7. _____
(Principal office address)
7144 E. Virginia Street, Suite F, Evansville, IN 47715

(Current mailing address, if different)

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

Scott Dickinson

Name: _____

6224 Greenwich

Office Address: _____

Tampa

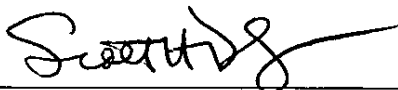
33647

(City)

, Florida _____
(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.



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

A. DIRECTORS

Chairman: Mark Harmon
7144 E. Virginia Street, Suite F
Address: Evansville, IN 47715

Vice Chairman: Cheri Schroeder
7144 E. Virginia Street, Suite F
Address: Evansville, IN 47715

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Mark Harmon
7144 E. Virginia Street, Suite F
Address: Evansville, IN 47715

Vice President: Cheri Schroeder
7144 E. Virginia Street, Suite F
Address: Evansville, IN 47715

Secretary: Cheri Schroeder

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

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TALLAHASSEE, FLORIDA

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

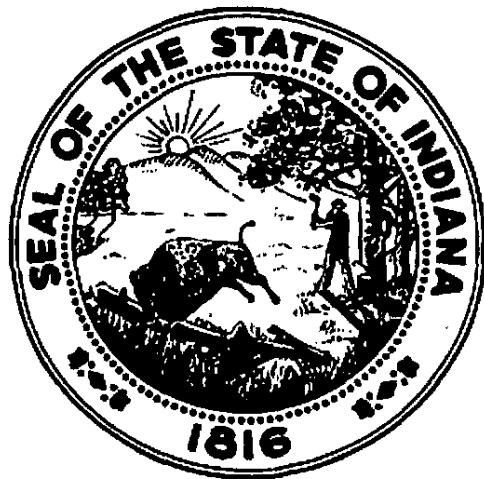
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

VERISCREEN, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 22, 2005, and was in existence or authorized to transact business in the State of Indiana on December 08, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighth Day of December, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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