## F16000002201

(Requestor's Name)					
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	_	۸.			
W16-26401 Penalty					
Office Use Only					



500283911055

04/06/16--01018--031 \*\*87.50

04/26/16--01007--023 \*\*1400.00



MAY 13 2016 J SHIVERS

611

 $\rho_{M,J}$ 



May 3, 2016

KEVIN J IEPSON 5225 MILANO ST. AVE MARIA, FL 34142

SUBJECT: IEPSON CONSULTING ENTERPRISES, INC.

Ref. Number: W16000026401

We have received your document for IEPSON CONSULTING ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

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 the corrected original and one copy of 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.

Letter Number: 616A00007304

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

### **COVER LETTER**

171

TO:

Registration Section Division of Corporations

SUBJECT: <u>TEPSON</u> Consulting Enterprises, 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:				
MR. KEVIN J. IEPSON				
Name of Person				
IEPSON Consulting Enterprises, Inc.				
Firm/Company				
5225 MILAND STREET				
Address  Address  Address  City/State and Zip code  Kevin iepson@iepsonconsulting.com  E-mail address: (to be used for future annual report notification)				
City/State and Zip code				
Kevin iepson @ iepsonconsulting.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Kevin J. Tepson at (239) 331-3809  Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy  □ \$70.00 Filing Fee & □ \$78.75 Filing Fee & Certified Copy				

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FORI	WITH SECTION 607.1503, FLORIDA STA EIGN CORPORATION TO TRANSACT BU	SINESS IN THE STATE OF FL	ORIDA.
(Enter name of cor	ON Consulting En poration; must include "INCORPORATED," "rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	,"
(If name unavailab	ele in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)
2. Penns	y Vania 3.	31-12668	92
(State or country	under the law of which it is incorporated)	(FEI number, if app	
1-6	o - 1988 5.		
(Date o	6 - 1988 5 5	(Date of duration, if other t	han perpetual)
ξ.	OCT. 31, 2	010	
J	(Date first transacted business in F	lorida, if prior to registration)	
_	(SEE SECTIONS 607.1501 & 607.1502		
, 52,	25 MILAND ST., 1	AVE MARIA. 1	FL 34142
	(Principal	office address)	
	(Current mailing	address, if different)	Magazi, (
3. Name and street	address of Florida registered agent: (P.O. 1	Box NOT acceptable)	
»r	Vari T. T. SOSSA		
Name:	Kevin J. Irepson	<del></del>	SE V
Office Address:	5225 MILAND ST	i	
	AVE MARIA, ELS (City)	34147	
	(City)	, Florida (Zin code)	15
	(City)	(zapreode)	
Registered ager			
Having been name Josianatod in this o	d as registered agent and to accept service application, I hereby accept the appointme	of process for the above stated	l corporation at the place
	application, I hereby accept the appointme of all statutes relations of all statutes rela		
	miliar with and accept the obligations of n		
	$V \cdot O - A$		
-	Keun Desson	<u></u>	
	// (Registered age	ent'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: \_ Address: \_ Director: \_\_ Address: **B. OFFICERS** Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Kevin J. Tepson, YRESIDENT (Typed or printed name and capacity of person signing application)

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/31/2016

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

IEPSON CONSULTING ENTERPRISES, INC.

is duly registered as a Pennsylvania PA Close Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160331181577-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx