

F16000002436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

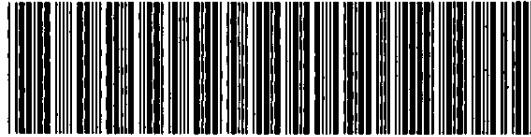
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300284872693

05/04/16--01025--019 **70.00

05/17/16--01024--023 **1700.00

16 MAY 25 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

650(120)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

JOHN ROBINSON
7102 THREE CHOPT RD
RICHMOND, VA 23226

SUBJECT: COMBINED SPECIALTIES INTERNATIONAL, INC.
Ref. Number: W16000032993

We have received your document for COMBINED SPECIALTIES INTERNATIONAL, 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):

You did not return the application with the check. Please return the application for processing.,

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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 816A00009378

COVER LETTER

TO: Registration Section
Division of Corporations

* SUBJECT: Combined Specialties International, 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:

John V. Robinson, Esq./Linda Michalik, Legal Assistant

Name of Person

John V. Robinson, P.C.

Firm/Company

7102 Three Chopt Road

Address

Richmond, VA 23226

City/State and Zip code

* lidia101patrick@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Michalik

804

288-1801

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.

1. Combined Specialties International, 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. California 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 2008 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. February 2008
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 17 Buena Vista, Novato, CA 94947
(Principal office address)

SAME as above
(Current mailing address, if different)

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

Name: John D. Hatch, Esq.

Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs, Florida 34688
(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.

John D. Hatch
(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.

16 MAY 25 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Deborah M. Merlino

Address: 17 Buena Vista
* E Novato, CA 94947

Vice Chairman: Deborah M. Merlino

Address: * Same

Director: Deborah M. Merlino

Address: * Same

Director: Deborah M. Merlino

Address: * Same

B. OFFICERS

President: Deborah M. Merlino

Address: * Same

Vice President: Deborah M. Merlino

Address: * Same

Secretary: Deborah M. Merlino

Address: * Same

Treasurer: Deborah M. Merlino

Address: * Same

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Deborah M. Merlino

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. Deborah M. Merlino

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

16 MAY 25 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

COMBINED SPECIALTIES INTERNATIONAL, INC.

FILE NUMBER: C2994215
FORMATION DATE: 02/21/2008
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of April 08, 2016.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State