

F16000003025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

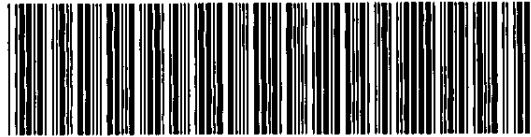
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100287605761

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL -7 AM 8:02

RECEIVED
DEPARTMENT OF STATE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
16 JUL -7 AM 10:36

JUL 08 2016
S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195
REFERENCE : 179521 7225182
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 704.00

ORDER DATE : June 14, 2016
ORDER TIME : 9:09 AM
ORDER NO. : 179521-005
CUSTOMER NO: 7225182

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL -7 AM 8:02

FOREIGN FILINGS

NAME: TEKNOLOGY SOLUTIONS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Technology Solutions 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:

Richard Knapp

Name of Person

Technology Solutions Inc.

Firm/Company

19254 Jacinda Strteet

Address

Venice FL 34293

City/State and Zip code

calvin.holland@alliancetel.com

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

For further information concerning this matter, please call:

Calvin Holland

973

276-0909 x0177

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

16 JUL -7 AM 8:02

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Teknology Solutions 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. New Jersey 3. 20-1626582
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan 1, 2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. September 1, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Cranberry Road Unit B1A Parsippany NJ 07054
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: 
(Registered agent's signature)

Courtney Williams
Asst. Vice President

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.

FILED
16 JUL -7 AM 8:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Richard Knapp

Address: 2 Cranberry Road Unit B1A

Parsippany NJ 07054

Director: _____

Address: _____

B. OFFICERS

President: Richard Knapp

Address: 2 Cranberry Road Unit B1A

Parsippany NJ 07054

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. Richard Knapp, President _____

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL -7 AM 8:02

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

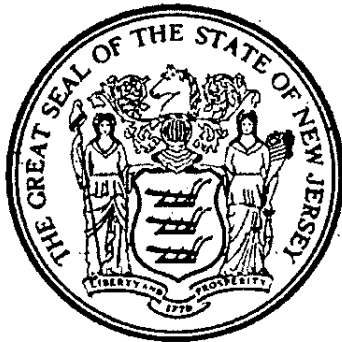
TEKNOLOGY SOLUTIONS, INC.
0100932186

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 02, 2004.

Said business was Revoked for Failure to Pay Annual Reports on April 16, 2015, and as of the date of this certificate, has not been reinstated.

I further certify that the last registered agent and registered office of record were:

GRACE KNAPP
115 ROUTE 46 W, BLDG F
MOUNTAIN LAKES, NJ 07046



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of June, 2016

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6072250927

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL -7 AM 8:02