

F16000003224

(Requestor's Name)

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(Address)

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(Business Entity Name)

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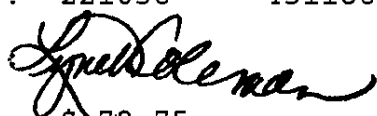
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 221036 4311863

AUTHORIZATION

COST LIMIT : \$ 78.75



ORDER DATE : July 19, 2016

ORDER TIME : 12:55 PM

ORDER NO. : 221036-035

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: PROFESSIONAL MONITORING AND
TESTING ASSOCIATES, P.C.

XXXX QUALIFICATION (TYPE: PC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Monitoring and Testing Associates, P.C.

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:

Carol Buckalew

Name of Person

Blank Rome LLP

Firm/Company

One Logan Square, FL 3

Address

Philadelphia, PA 19103

City/State and Zip code

james.jankowski@safepassagemn.com

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

For further information concerning this matter, please call:

Carol Buckalew

215 988-6985
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. Professional Monitoring and Testing Associates, P.C., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Professional Monitoring and Testing Associates, P.C., Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. 47-3766560
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 18, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 915 Broadway, Suite 1200, New York, NY 10010
(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)

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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.

Corporation Service Company

By: _____

(Registered agent's signature)

Melissa Zender
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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jack Stern

Address: 915 Broadway, Suite 1200, New York, NY 10010

Director: _____

Address: _____

B. OFFICERS

President: Jack Stern

Address: 915 Broadway, Suite 1200, New York, NY 10010

Vice President: _____

Address: _____

Secretary: Jack Stern

Address: 915 Broadway, Suite 1200, New York, NY 10010

Treasurer: Jack Stern

Address: 915 Broadway, Suite 1200, New York, NY 10010

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. Jack Stern, President

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

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2011 JUN 20 A 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PROFESSIONAL MONITORING AND TESTING ASSOCIATES P.C.
0101036265

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on March 18, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2016

I further certify that the registered agent and office are:

**CORPORATION SERVICE COMPANY
830 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of July, 2016*

Ford M. Scudder

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6073032011

Verify this certificate online at

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