

F1600000003603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

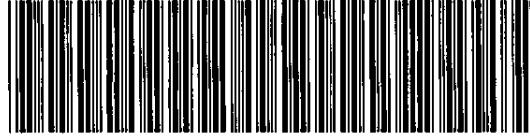
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
ONESOURCE ACCOUNTING & TAX SERVICES CO.

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:
MARY ANNE SIMONE EA CFMA

Name of Person
ONESOURCE ACCOUNTING & TAX SERVICES CO

Firm/Company
661 COMO COURT

Address
PUNTA GORDA FL 33950

City/State and Zip code
masimone@lsourceaccounting.com

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

For further information concerning this matter, please call:

MARY ANNE SIMONE	800	871-5004
_____	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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.*

ONESOURCE ACCOUNTING & TAX SERVICES CO

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)
NEW JERSEY 20-1804931

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
OCTOBER 28, 2004

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
NO TRANSACTIONS TO DATE

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
661 COMO COURT PUNTA GORDA FLORDIA 33950

7. _____
(Principal office address)
1133 BAL HARBOR BLVD., SUITE 1139 PMB 114 PUNTA GORDA, FL 33950

(Current mailing address, if different)

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

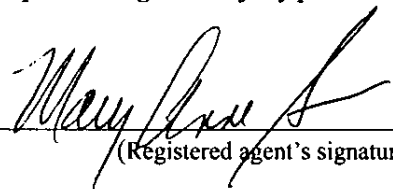
Name: _____
MARY ANNE SIMONE

Office Address: _____
661 COMO COURT
PUNTA GORDA FL 33950
_____, Florida _____
(City) (Zip code)

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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.



(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

MARY ANNE SIMONE

President: _____

661 COMO COURT PUNTA GORDA FL 33950

Address: _____

MARK SIMONE

Vice President: _____

661 COMO COURT PUNTA GORDA FL 33950

Address: _____

MARK SIMONE 661 COMO COURT PUNTA GORDA FL 33950

Secretary: _____

Address: _____

MARY ANNE SIMONE 661 COMO COURT PUNTA GORDA FL 33950

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.

PRESIDENT

13. _____

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

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TALLAHASSEE, FLORIDA

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

**ONESOURCE ACCOUNTING & TAX SERVICES CO
0400072224**

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 October 28, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARY ANNE SIMONE
647 HARPER DRIVE
GLASSBORO, NJ 08028



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
5th day of August, 2016

Ford M. Scudder
Acting State Treasurer

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TALLAHASSEE, FLORIDA

Certificate Number : 6073414823

Verify this certificate online at

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