

F16000004278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

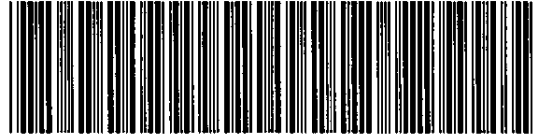
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300288459043

08/01/16--01035--006 \*\*70.00

09/23/16--01017--004 \*\*650.00

16 SEP 23 PM 2:48  
Filing Office

W16-54076



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2016

PAM ECCLESTON  
209 PALMETTO STREET SUITE 1  
AUBURNDALE, FL 33823

SUBJECT: GEORGE NOLIS PROFESSIONAL CORPORATION  
Ref. Number: W16000054076

We have received your document for GEORGE NOLIS PROFESSIONAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.

There is a balance due of \$650.00.

Please return 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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 516A00016457

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GEORGE NOLIS PROFESSIONAL CORPORATION

\_\_\_\_\_  
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:

Pam Eccleston

\_\_\_\_\_  
Name of Person

Eccleston International Tax

\_\_\_\_\_  
Firm/Company

209 Palmetto Street, Suite #1

\_\_\_\_\_  
Address

Auburndale, FL 33823

\_\_\_\_\_  
City/State and Zip code

pam.eccleston@eccleston.tax

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

For further information concerning this matter, please call:

Pam Eccleston

407 530 0124  
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.*

GEORGE NOLIS PROFESSIONAL CORPORATION INC.

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)

2. CANADA 3. 98-1314878  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 22ND 2008 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1st. OCTOBER 2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4657 VANDORF ROAD, STOUFFVILLE, ONTARIO. CANADA L4A 7X5  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

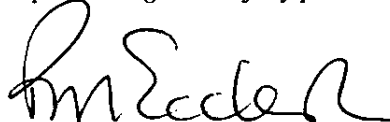
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Eccleston International Tax  
Office Address: 209 Palmetto Street, Suite #1  
Auburndale, Florida 33823  
(City) (Zip code)

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16 SEP 23 PM 2:49

**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: George Nolis

Address: 4657 Vandorf road. Stouffville

Ontario, Canada L4A 7X5

Director: Kaye Nolis

Address: 4657 Vandorf road. Stouffville

Ontario, Canada L4A 7X5

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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. George Nolis  
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. GEORGE NOLIS, DIRECTOR  
(Typed or printed name and capacity of person signing application)

16 SEP 23 PM 2:49  
STOUTVILLE  
ONTARIO

Request ID: 019107605  
Demandé n° :  
Transaction ID: 61498496  
Transaction n° :  
Category ID: CT  
Catégorie :

Province of Ontario  
Province de l'Ontario  
Ministry of Government Services  
Ministère des Services gouvernementaux

Date Report Produced: 2016/06/24  
Document produit le :  
Time Report Produced: 14:27:06  
Imprimé à :

## CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the  
records of the Ministry of Government  
Services

D'après les dossiers du Ministère des  
Services gouvernementaux, nous attestons  
que la société

**GEORGE NOLIS PROFESSIONAL CORPORATION**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**0 0 1 7 6 9 5 2 8**

is a corporation incorporated,  
amalgamated or continued under  
the laws of the Province of Ontario.

est une société constituée, prorogée ou née  
d'une fusion aux termes des lois de la  
Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

**M A Y 2 2 M A I , 2 0 0 8**

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**J U N E 2 4 J U I N , 2 0 1 6**



Director  
Directeur