

F/6000004483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

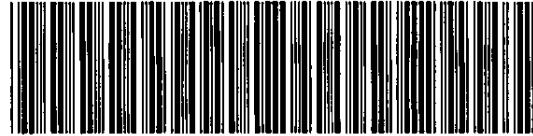
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT -4 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 06 2016

COVER LETTER

TO: Registration Section
Division of Corporations
Direct Effect Solutions, Inc

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:
Melinda Price

_____	Name of Person
Direct Effect Solutions	
_____	Firm/Company
PO Box 713	
_____	Address
Pickerington, OH 43147	
_____	City/State and Zip code
mindy.price@directeffectsolutions.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Melinda Price	614	214-6227
_____	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

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SECRETARY OF STATE

**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.*

Direct Effect Solutions, 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)
Ohio

2. _____ 3. 20- _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

June, 2016

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

12761 Westfall Cir Pickerington, OH 43147

7. _____
(Principal office address)

PO Box 713 Pickerington, OH 43147

(Current mailing address, if different)

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

Karen Deigl

Name: _____

120 Amy Ann Ln

Office Address: _____

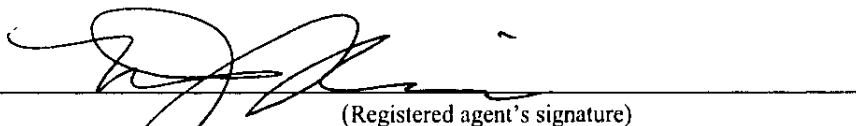
Vero Beach,

32963

_____, Florida _____
(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.


(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Melinda Price
12761 Westfall Cir
Address: Pickerington OH 43147

Vice Chairman: N/A
Address:

Director: N/A
Address:

Director: N/A
Address:

B. OFFICERS

President: Melinda Price
12761 Westfall Cir
Address: Pickerington OH 43147

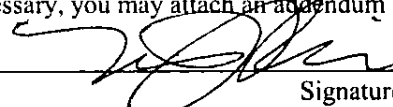
Vice President: N/A
Address:

Secretary: N/A
Address:

Treasurer: N/A
Address:

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TALLAHASSEE FL
SECRETARY OF STATE

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. Melinda Price CR
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DIRECT EFFECT SOLUTIONS, INC., an Ohio corporation, Charter No. 1451588, having its principal location in Pickerington, County of Fairfield, was incorporated on March 23, 2004 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of August, A.D. 2016.*

Jon Husted

Ohio Secretary of State

Validation Number: 201622103332

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16 OCT -4 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA