# F16000005531

(Re	questor's Name)			
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<b>,</b>	<b>,</b>			
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
<u>—</u>	_	_		
(Bu	siness Entity Nam	e)		
(Document Number)				
Cadifical Casica	0-45-4	-6 C4-4		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer			
W16-8188	74			

Office Use Only



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7016 DEC -5 MIII: 16
SECRETARY OF STATE
ASSCRIBERATION

K. SALY DEC 15 2016



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2016

MICHAEL TOWNSEND TOWNSEND & ASSOCIATES, INC. 442 SPEEDWELL AVE. MORRIS PLAINS, NJ 07950

SUBJECT: TOWNSEND STAFFING, INC.

Ref. Number: W16000081884

We have received your document for TOWNSEND STAFFING, INC. and your check(s) totaling \$800.00. 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 \$800.00.

There is a balance due of \$70.00.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 316A00026041

#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: TOWNSEND P ASSOCIATES IN C.  Name of corporation - must include suffix				
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:				
Michael Townsend				
Name of Person				
Townsend & Associates, Inc.				
Firm/Company				
442 Speedwell Ave				
Address				
Morris Plains, NJ 07950				
City/State and Zip code				
· · · · · · · · · · · · · · · · · · ·				
Ikoop@townsend-associates.com  E-mail address: (to be used for future annual report notification)				
E-mail address. (to be used for future aintual report notification)				
For further information concerning this matter, please call:				
Luisa Koop973 984-7900				
Luisa Koop 973- 984-7900  Name of Person Area Code & Daytime Telephone Number				
·				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section				
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee  \$78.75 Filing Fee &  \$78.75 Filing Fee &  \$87.50 Filing Fee,				
Certificate of Status Certified Copy Certificate of Status &				

### 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.

(Enier name of c	ond & Associates	"COMPANY," "CORPORATIO	'n,"	
	sond Staffing 1=	-nc		
2. New Jers	able in Florida, enter alternate corp <b>ende</b> name SEY	22-3681082	ing business in Florida)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)	
4. 10/1999 (Date	of incorporation) 5.	(Duration: Year corp. will cease	o exist or "gemehial")	
6. 9/15/201			y perpending	
		r Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)	
<sub>7.</sub> 442 Spee	dwell Ave Morris Plains, N	<del></del>		78
442 Sneed	Principal office ado) well Ave Morris Plains, NJ)	•	ALL SEC	FILE
172 0000	(Current mailing add		72	6
8. Name and stree	t address of Florida registered agent: (P.	). Box <u>NOT</u> acceptable)	SEE, F	
Name:	FLORIDA FILING & SEARCH SEI	RVICES, INC.	LORI	
Office Address:	155 OFFICE PLAZA DRIVE, 1ST	FLOOR		,t (* ) <del>(* )</del>
	TALLAHASSEE, (City)	, Florida <u>32301</u> (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, Thereby 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:	2016 DEC -5 AHII: 17
A. DIRECTORS	EU OUEC - E
Chairman:	SECTION AMILETY
Address:	TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
	-
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  Michael Townsend	
President:	
Address: Randolph NJ 07869	
·	
Vice President:	
Address:	
Theresa Townsend	
Secretary:  1 Forest Hill Road Randolph, NJ 07869	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additi	onal 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 are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	
13. Michael Townsend	

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

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

2016 DEC -5 AMII: 17
FALLAHASSEE, FLORIS

### TOWNSEND & ASSOCIATES, INC. 0100794655

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 01, 1999.

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:

MICHAEL TOWNSEND 442 SPEEDWELL AVE. MORRIS PLAINS, NJ 07950

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on July 14, 2015.

CHIEF EXEC. OFFICER (CEO)

MICHAEL TOWNSEND

I FOREST HILL RD.

RANDOLPH, NJ 07869

SECRETARY

THERESA M TOWNSEND

I FOREST HILL RD.

RANDOLPH, NJ 07869

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

TOWNSEND & ASSOCIATES, INC. 0100794655

FILED
2016 DEC -5 AHII: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

THE WAR

Ford M. Scudder State Treasurer

Certificate Number : 6075061783

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp