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COVER LETTER

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Division of Corp					
SUBJECT: Novotny B	ookkeeping, Inc	G			
	Name (of corporation -	must include suffix		
Dear Sir or Madam:					
The enclosed "Application "Certificate of Existence above referenced foreign	" or "Certificate	of Good Standi	ng" and check are sub		
Please return all correspo	ondence concern	ing this matter to	the following:		
Sharon Novotny					
		Name of Pe	rson		
Novotny Bookkeeping, Inc					
		Firm/Compa	ıny		17
4565 NE 36th Ave					
		Address	1		17 JAN 19 PH
Ocala, FL 32617					-0
		City/State and	Zip code		17 JAN 19 PH 2:
sharon@novotnybookkeep	_	<i>(</i> , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<u>C </u>	- 41 C 41 \	2: 28
	E-mail address	s: (to be used to	future annual report n	otification)	
For further information of	oncerning this n	natter, please cal	1:		
Sharon Novotny		.352	509-5648		
Name of Person		at (Daytime Teleph	none Number	_
,			,		
STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	tion orations Center Circle	S:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection prorations	
Enclosed is a check for the	he following am	ount:			
□ \$70.00 Filing Fee	\$78.75 Filin Certificate	=	\$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate of Certified Certifie	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.

1. Novotny Bookke	eeping, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid	<u>-</u>
South Dakota	3	46-0454954	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. December 30, 19	999 5.		
(Date of incorporation) (Date of o		(Date of duration, if other than perpetual)	
6. Jan 3rd, 2017			
-	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. <u>4565 NE 36th Av</u>	e, Ocala, FL 34479		1
	(Princi)	pal office address)	LAHASSE
PO Box 1719, Ar	nthony FL 32617-3519		- (A)
	(Current maili	ng address, it different)	B PR
8. Name and stree	et address of Florida registered agent: (P.		FLOKIU 4 2: 28
Name:	Sharon Novotny		σ <u>γ</u>
Office Address:	11021 NE 41st Ter		
	Anthony	, Florida ³²⁶¹⁷	
	(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.

Sharon Northy
(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: Sharon Novotny Address: 11021 NE 41 St Ter Anthony FL 32617 Vice Chairman: Address: ___ Director: Address: Director: Address: __ **B. OFFICERS** President: Sharon Novotny Address: 11021 NE 41st Ter Anthony, FL 32617 Vice President: Sharon Novotny Address: 11021 NE 41st Ter Anthony, FL 32617 Secretary: Sharon Novotny Address: 11021 NE 41st Ter, Anthony FL 32617 Sharon Novotny Treasurer: Address: 10021 NE 41st Ter, Anthong FL 32617 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Sharon,

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

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

I, Shantel Krebs, Secretary of State of the State of South Dakota, hereby certify that

NOVOTNY BOOKKEEPING, INC.

Business ID: DB042245

was authorized to transact business in this state on: December 30, 1999.

I, further certify that **NOVOTNY BOOKKEEPING**, **INC**. has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, January 13, 2017.

Shartel Krebs

Shantel Krebs Secretary of State

01/13/2017 12:16 PM

Verification #: 009174026