F1700000551

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



600293054676

01/31/17--01007--031 **87.50





Division of Corporations

January 31, 2017

WILLIAM WOYSHNER 6322 PALMA DEL MAR BLVD #408 ST PETERSBURG, FL 33715

SUBJECT: WOYSHNER SERVICES, CO.

Ref. Number: W17000008765

We have received your document for WOYSHNER SERVICES, CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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.

Letter Number: 317A00001912

Justin M Shivers Regulatory Specialist II Supervisor Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Woyshner Services Co. Tnc. 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:				
William Woyshner				
Name of Person				
Woyshner Services Co Inc				
6322 Palma del Mar Blvd. # 408				
St. Petersburg FL 33715				
City/State and Zip code BILL. Woyshner WSCINC. biz E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
William Woyshner at (610) 909-3948 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 \$\Bigcup \\$78.75 Filing Fee & Certificate of Status \$\Bigcup \\$Certificate of Status & Certified Copy \$\Bigcup \\$Certified Copy & Certified Copy \$\Bigcup \\$Certified Copy & Certified Copy & Certified Copy \$\Bigcup \\$Certified Copy & Certified				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOL	E WITH SECTION 607.1503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU	TUTES, THE FOLLOWING IS SUBMITTED TO SINESS IN THE STATE OF FLORIDA.	
	shner Services, Co.	•	
(Enter name of &	orporation, must include "INCORPORATED," "i	COMPANY," "CORPORATION."	_
"Inc" "Co" "C	orp," "Inc." "Co," ur "Corp.")		
(If name onavaila		opted for the purpose of transacting business in Florida)	-
2. N	3	22-3047972 (FEI number, if applicable)	_
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. (Date	offincorporation) 5.	(Date of duration, if other than perpetual)	_
6.	2/1/17	(=	
v	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		~
7 6398	2 Palma del Mar	Blud # 408 St Datacs	wor. II
7. <u> </u>	1 001 101 000 11101	office address)	2775
			30110
	(Current muiling a	address. if different)	-
2 Name and street	t address of Florida registered agent: (P.O. F	Boy NOT acceptable)	A 88 -
	Corporation Service Company	:	
Name:			A STATE OF THE STA
Office Address:	1201 Havs Street	_ <u> </u>	12 o
	Tallahassee	, Florida <u>32301</u> (Zip code)	
	(City)	(Zip code)	いが、
9. Registered ago		of process for the above stated corporation of the	Ti Oi
designated in this	application, I hereby accept the oppointmen	nt as registered agent and agree to act in this cap	pacity. I
	omply with the provisions of all statutes rela amiliar with and accept the obligations of m	ative to the proper and complete performance of a ay position as registered agent.	nıy
Ву	: Corporation Service Company		
	itolly dones	Holly Jones, Assistant VP	
-	(Registered ages		
10 Attached is a c	certificate of existence duly authenticated, no	ot more than 90 days prior to delivery of this applic	cation to
		cial having custody of corporate records in the juri	

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: _ Vice Chairman: _____ Director: _ Address: __ Director: _ Address: _ **B. OFFICERS** Address: _ Vice President: Address: Treasurer: Address: 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.

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

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

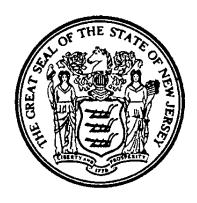
WOYSHNER SERVICES, CO. 0100449079

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 April 19, 1990.

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:

CORPORATION SERVICE COMPANY PRINCETON SOUTH CORPORATE CTR STE 160, 100 CHARLES EWING BLVD EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of January, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6077161099

Verify this certificate online at

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