

F17000000848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

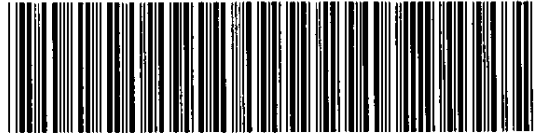
(Document Number)

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

Special Instructions to Filing Officer:

W17-12855

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02/10/17--01020--008 \*\*\$7.50

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17 FEB 22 PM 2:36

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FEB 23 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2017

KIRBY PIERCE  
55 CHAMBERLAIN ST  
WEELSVILLE, NY 14895

SUBJECT: EMPLOYEE SERVICES, INC.  
Ref. Number: W17000012855

We have received your document for EMPLOYEE SERVICES, INC. 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 registered agent must sign accepting the designation.

*completed please see attached.*

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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 617A00002912

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Employee Services Inc.

\_\_\_\_\_  
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:

Kirby Pierce, CFO

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

Employee Services Inc.

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

55 Chamberlain Street

\_\_\_\_\_  
Address

Wellsville, NY 14895

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

kirbypierce@thecap.com

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

For further information concerning this matter, please call:

Kirby Pierce

585

593-9870 x119

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.

1. Employee Services Inc.  
(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. New York 3. 22-2762686  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/1987 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 02/01/2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 55 Chamberlain Street, Wellsville NY 14895  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Registered Agents Inc.  
Office Address: 3030 N. Rocky Point Dr. STE 150A  
Tampa , Florida 33607  
(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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: James Walter  
4 Jameson Lane  
Address: Loudonville, NY 12211

Vice Chairman: Marianne Walter  
4 Jameson Lane  
Address: Loudonville, NY 12211

Director: Diane Dunbar  
6 Birch Hill Road  
Address: Loudonville, NY 12211

Director: Robert Walter  
3040 Lane Woods Ct  
Address: Columbus, OH 43221

**B. OFFICERS**

President: James Walter  
4 Jameson Lane  
Address: Loudonville, NY 12211

Vice President: Marianne Walter  
4 Jameson Lane  
Address: Loudonville, NY 12211

Secretary: Robert Walter  
3040 Lane Woods Ct, Columbus, OH 43221  
Address: \_\_\_\_\_

Treasurer: James Walter  
4 Jameson Lane, Loudonville, NY 12211  
Address: \_\_\_\_\_

**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. James Walter, Pres/CEO

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

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of EMPLOYEE SERVICES, INC. was filed on 01/12/1987, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 31st day of January two  
thousand and seventeen.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*