F17000003590

(Requestor's Name)					
(Address)					
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(C	ity/State/Zip/Phone #	()			
PICK-UP	☐ WAIT	MAIL			
(В	usiness Entity Name)			
(Document Number)					
Certified Copies	Certificates o	f Status			
Special Instructions to Filing Officer: Name WI7-41346					
		:			

Office Use Only



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CORE LARY OF STATE

S. WARREN 'JUN 0 8 2017



May 15, 2017

K. NEIL SPICER 7217 GULF BLVD., SUITE 14-194 ST. PETE BEACH, FL 33706

SUBJECT: SPICER & ASSOCIATES, LTD. CORPORATION

Ref. Number: W17000041346

We have received your document for SPICER & ASSOCIATES, LTD. CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P02000038548 SPICER AND ASSOCIATES INC..

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.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 217A00009644



Spicer & Associates, LTD

F{NANCIAL & TAX CONSULTANTS
7217 GULF BLVD., SUITE 14-194 • ST. PETE BEACH, FLORIDA 33706
TEL (301) 345-4814 • FAX (301) 345-4813
FLORIDA TEL (727) 202-7168 • FLORIDA FAX (727) 575-7878

May 26, 2017

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Attn: Stacy M. Warren

Regulatory Specialist 11

Re: Spicer & Associates, LTD Corporation

Ref. Number: W17000041346

Dear Ms. Warren:

We are in receipt of your letter dated May 145, 2017, copy enclosed.

Based on the issues raised we have reviewed the Florida lists of current names in use and have submitted the enclosed with a change as follow:

Spicer Financial & Tax Consultants, Inc.

Should you have any questions please do not hesitate to contact the undersigned.

Thank you for your assistance in this matter.

Sincerely,

K. Neil Spice

Enc.

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	SPICER & ASSOCIATES	, LTD CORPOR	ATON		
SUBJ		Name of Corporations PICER & ASSOCIATES, LTD CORPORATON Name of corporation - must include suffix am: Application by Foreign Corporation for Authorization to Transact Business in Florida," xistence," or "Certificate of Good Standing" and check are submitted to register the d foreign corporation to transact business in Florida. correspondence concerning this matter to the following: Name of Person CIATES Firm/Company D, SUITE 14-194 Address H, FL 33706 City/State and Zip code ssociates.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: at (
Dear S	ir or Madam:				
"Certif	ficate of Existence," or "Certificate	ate of Good Sta	inding" and check are sub	et Business in Florida," omitted to register the	
	return all correspondence conce L SPICER	Name of corporation - must include suffix Name of corporation - must include suffix attion by Foreign Corporation for Authorization to Transact Business in Florida," nee," or "Certificate of Good Standing" and check are submitted to register the ign corporation to transact business in Florida. Sepondence concerning this matter to the following: Name of Person ES Firm/Company Address 33706 City/State and Zip code tes.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (
		Name of	Person		
SPICE	R & ASSOCIATES				
		Firm/Co	npany		
7217 G	GULF BLVD, SUITE 14-194				
		Add	ress		
ST. PE	TE BEACH, FL 33706				
		City/State	and Zip code	····	
nspicer	@spicer-associates.com				
	E-mail addre	ess: (to be used	for future annual report	notification)	
For fur	ther information concerning this	matter, please	call:		
		345-4814			
	Name of Person		de Daytime Telep	hone Number	
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	Registration S Division of Co P.O. Box 632	ection orporations 7	
Enclos	ed is a check for the following a	mount:			
□ \$70			-	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.

(Enter name of c	OCIATES, LTD CORPORATION orporation; must include "INCORPORATION", "Inc," "Co," or "Corp.")	ED," "	COMPANY," "CORPORATIO	N, "
SPICER FINAN	NCIAL & TAX CONSULTANTS, INC			
(If name unavaila	able in Florida, enter alternate corporate na	me ado	opted for the purpose of transaction	ng business in Florida)
MARYLAND		52-1227690		
(State or countr	ountry under the law of which it is incorporated)		(FEI number, if applicable)	
09/28/1981		5		
(Date of incorporation)		·	(Date of duration, if other than perpetual)	
FEBRUARY 15				
			office address)	
	·		address, if different)	
Name and stree	et address of Florida registered agent:	(P.O.)	Box NOT acceptable)	三 選 考
Name:	K. NEIL SPICER			
ffice Address:	7217 GULF BLVD, STE 14-194			FIL JUN -5 CRETAKY LAHASSE
	ST. PETE BEACH			AMII: COF STA
	(City)		(Zip code)	F STA
	ent's acceptance: ted as registered agent and to accept s	samioo	of process for the above state	SH 7

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS K. NEIL SPICER Chairman: 7217 GULF BLVD, STE 14-194, ST PETE BEACH, FL 33706 Address: N/A Vice Chairman: K. NEIL SPICER Director: 7217 GULF BLVD, STE 14-194, ST PETE BEACH, FL 33706 Director: **B. OFFICERS** K. NEIL SPICER President: 7217 GULF BLVD, STE 14-194, ST PETE BEACH, FL 33706 Address: __ Vice President: ____ Address: ___ CYNTHIA A. O'BRIEN Secretary: 7217 GULF BLVD, STE 14-194, ST PETE BEACH, FL 33706 Address: K. NEIL SPICER Treasurer: **SAME** 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. K. NEIL SPICER, PRESIDENT 13.

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SPICER & ASSOCIATES, LTD., INCORPORATED SEPTEMBER 28, 1981, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 27, 2017.

Acting Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice