

F17000002854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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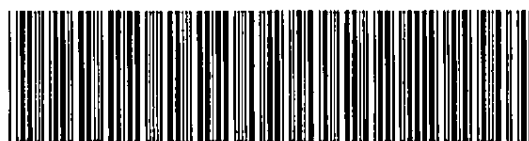
(Business Entity Name)

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TALLAHASSEE, FLORIDA

S. WARREN

JUN 23 2017

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POST OFFICE BOX 1913  
ORLANDO, FLORIDA 32802-1913

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<sup>3</sup> CERTIFIED CIRCUIT COURT MEDIATOR  
<sup>4</sup> ALSO HOLDS AN LL.M. IN TAX LAW

[www.kpsds.com](http://www.kpsds.com)

Sender's email address:  
[lbadders@kpsds.com](mailto:lbadders@kpsds.com)

June 22, 2017

Florida Department of State  
Attn: Stacey Warren  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**VIA FEDERAL EXPRESS**  
7794 6124 1104

Re: Superior Integrated Solutions, Inc.  
Document No.: W17000050868 (Rejected filing)

Dear Stacey:

Enclosed please find our firm's check #13671 in the amount of \$800.00 representing payment of the penalties due on the above referenced rejected filing. Kindly process the application and provide me with the requested Certificate of Status by email at [lbadders@kpsds.com](mailto:lbadders@kpsds.com) or by fax at 407-839-3635.

Sincerely,



Lynn Badders  
Legal Assistant

/lb  
Enclosure



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2017

GREY SQUIRES-BINFORD  
KILLGORE, PEARLMAN, STAMP, DENIUS & SQUI  
2 SOUTH ORANGE AVENUE, 5TH FLOOR  
ORLANDO, FL 32801

SUBJECT: SUPERIOR INTEGRATED SOLUTIONS, INC.  
Ref. Number: W17000050868

We have received your document for SUPERIOR INTEGRATED SOLUTIONS, INC. and your check(s) totaling \$78.75. 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.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 717A00012398

**COVER LETTER**

**June 15, 2017**

**TO:** Registration Section  
Division of Corporations

**VIA FEDERAL EXPRESS**  
7794 0279 7991

**SUBJECT:** Superior Integrated Solutions, Inc.

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:

Grey Squires-Binford, Esq.  
Name of Person

Killgore, Pearlman, Stamp, Denius & Squires, P.A.  
Firm/Company

2 South Orange Avenue, 5<sup>th</sup> Floor  
Address

Orlando, FL 32801  
City, State & Zip

lbadders@kpsds.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call Lynn Badders at 407-425-1020.

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. Superior Integrated Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.)

2. New Jersey 3. 51-0468325  
(State of country under the law of which it is incorporated) (FEI number, if applicable)

4. March 15, 2003 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 517 Route One South, Suite 2210, Iselin, NJ 08830  
(Principal office address)

517 Route One South, Suite 2210, Iselin, NJ 08830  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Killgore, Pearlman, Stamp, Denius & Squires, P.A.

Office Address: 2 South Orange Avenue, 5<sup>th</sup> Floor

Orlando

(City)

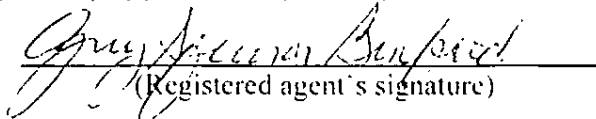
Florida

32801  
(Zip code)

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TALLAHASSEE, FLORIDA

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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Phillip Battista  
Address: 311 Elissa Court  
South Plainfield, NJ 07080  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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STATE  
ALABAMA  
FLORENCE, ALABAMA

**B. OFFICERS**

President: Phillip Battista  
Address: 311 Elissa Court  
South Plainfield, NJ 07080  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secretary: Phillip Battista  
Address: 517 Route One South, Suite 2210, Iselin, NJ 08830  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Phillip Battista  
(Signature of Director or Officer listed in number 11 of the application)

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 in s.817.155, F.S.

13. Phillip Battista  
(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**

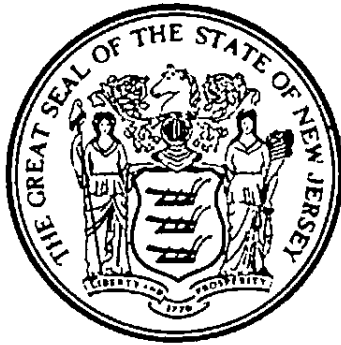
**SUPERIOR INTEGRATED SOLUTIONS, INC.**  
0100904233

*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 May 15, 2003.*

*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:*

PHILLIP BATTISTA  
517 ROUTE ONE SOUTH  
SUITE 2210  
ISELIN, NJ 08830



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
14th day of June, 2017*

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6080459580

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)