# F17000003349

(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: CET+ W17-54351 # 1850.00							

Office Use Only



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06/26/17--01025--038 \*\*78.75

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FILED 7 JUL 24 PH 5: 5

S. WARREN JUL 27 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2017

ROBERT WOLPOV 4387 SWAMP ROAD, SUITE 284 DOYLESTOWN, PA 18902

SUBJECT: JUNCTION NETWORKS INC.

Ref. Number: W17000054351

We have received your document for JUNCTION NETWORKS 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 \$1850.00.

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.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 517A00013265

### **COVER LETTER**

TO:	Registration Se Division of Co						
SUBJ	ect: Ju	Name	OF COPPORATION	CKS J	lude suffix		
Dear S	ir or Madam:		•				
"Certif	icate of Existence		e of Good Sta	anding" and	check are sub	ct Business in Florida," omitted to register the	
Please	return all corres	pondence concern	ing this matt	er to the foll	owing:		
ţ.	Schert	Molon					
		1104	Name o	f Person		<del></del>	
	inchor	Netwo	rvs J Firm/Co	тралу			
43	387 Si	wamp R	) Add	<u>suite</u> Itess	. 384		
Dc	ylestor	19,00	18902 City/State	and Zip cod	e		
Fic	anci Q	E-mail addres	s: (to be used	l for future a	nnual report i	notification)	
		concerning this r					
Ra	Name of Person	olpov	at ( <u>3\3</u> Area Co			hone Number	
					•		
STREET/COURIER ADDRESS: Registration Section					MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building					Division of Corporations		
					P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301.						TL 32314	
Enclose	ed is a check for	the following am	ount:				
<b>5</b> 70	.00 Filing Fee	\$78.75 Filin Certificate	ng Fee & of Status	□ \$78.75 F Certified		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

9. Registered agent's acceptance:

Office Address:

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.

Lisa Garcia, Assistant Secretary
(Registered agent's signature)

, Florida 3230

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: Address: \_\_\_ Vice Chairman: Address: Director: Address: **B. OFFICERS** President: \_\_\_\_\_ Vice President: 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)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/29/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### JUNCTION NETWORKS INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170629161926-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx