

# F17000004464

To: Page 2 of 6

2017-10-04 12:34:40 CST

12122023573 From: Kimberly Laughrey

10/4/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000261490 3)))



H170002614903ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Optimal Business Solutions, Inc**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED  
17 OCT -4 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*[Handwritten signature]*  
10/5/17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPTIMAL BUSINESS SOLUTIONS, 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:

Michael Seeger

Name of Person

Optimal Business Solutions, Inc.

Firm/Company

82 Mount Airy Rd E, Croton on Hudson

Address

Croton on Hudson, NY 10520

City/State and Zip code

mseeger@optimal-business.com

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

For further information concerning this matter, please call:

Michael Seeger

at ( 914 ) 271-7870

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:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. OPTIMAL BUSINESS SOLUTIONS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "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. 13-3945049  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/31/1997 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. No business transacted in Florida to date  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 82 MT. AIRY ROAD EAST, CROTON, NEW YORK, 10520  
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System


Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

C T Corporation System

By:  Ryan Underwood, Assistant Secretary  
(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.

FILED  
17 OCT -4 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Michael Seeger

Address: 82 Mount Airy E, Croton on Hudson, NY 10520

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Michael Seeger

Address: 82 Mount Airy Rd E, Croton on Hudson, NY 10520

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Jane Seeger

Address: 82 Mount Airy Rd E, Croton on Hudson, NY 10520

Treasurer: \_\_\_\_\_

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. Michael Seeger President

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

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

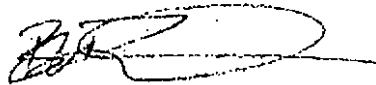
I hereby certify, that the Certificate of Incorporation of OPTIMAL BUSINESS SOLUTIONS, INC. was filed on 03/31/1997, under the name of MICHAEL SEEGER & ASSOCIATES, LTD., with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department 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.

A Certificate of Amendment MICHAEL SEEGER & ASSOCIATES, LTD., changing its name to OPTIMAL BUSINESS SOLUTIONS, INC., was filed 12/09/1997.

The Biennial Statement is past due.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of September  
two thousand and seventeen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State



201709210617 • ET