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CLERK OF STATE
TALLAHASSEE, FLORIDA

3/12/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL CITY MANAGEMENT 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:

NOEL CONCHA

Name of Person

ALL CITY MANAGEMENT SERVICES, INC

Firm/Company

10440 PIONEER BLVD. STE #5

Address

SANTA FE SPRINGS, CA. 90670

City/State and Zip code

noel@thecrossingguardcompany.com

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

For further information concerning this matter, please call:

Noel Concha

310 202-8284
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

ALL CITY MANAGEMENT SERVICES, INC.

1. (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. CALIFORNIA 3. 95-3971517
(State or country under the law of which it is incorporated) (FEI number, if applicable)

05/03/1985

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

10440 PIONEER BLVD. STE #5, SANTA FE SPRINGS, CA. 90670

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: National Registered Agents, Inc.

Office Address: 1200 South Pine Island Road

1200 South Pine Island Road

Plantation

Plantation _____, Florida 33324
(City) (Zip code)

33324

(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.

Carline Smith

Vice President & 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.

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TALLAHASSEE, FLORIDA
in at the place
his capacity.

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

A. DIRECTORS

Chairman: BARON FARWELL

Address: 10440 PIONEER BLVD. STE #5
SANTA FE SPRINGS, CA. 90670

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BARON FARWELL

Address: 10440 PIONEER BLVD. STE #5, SANTA FE SPRINGS, CA. 90670

Vice President: _____

Address: _____

Secretary: DEMETRA FARWELL

Address: 10440 PIONEER BLVD. STE #5, SANTA FE SPRINGS, CA. 90670

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. DEMETRA FARWELL S

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALL-CITY MANAGEMENT SERVICES, INC.

FILE NUMBER: C1338753
FORMATION DATE: 05/03/1985
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.

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SECRETARY OF STATE
ALLAHABAD, FLORIDA



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 26, 2018.

ALEX PADILLA
Secretary of State

DLS