

F18000002437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

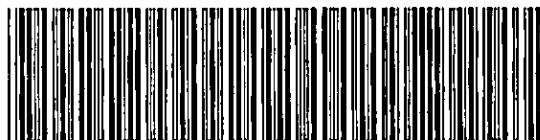
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/18--01004--012 **70.00

05/11/18--01025--002 **650.00

OFFICE OF THE
TALLAHASSEE, FLORIDA

2018 MAY 24 AM 8:11

FILED

8/12/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2018

GEORGE BARRIE
13111 PEREGRIN CIRCLE
BRADENTON, FL 34212 US

SUBJECT: CONTRACT COMPLIANCE SERVICES INC
Ref. Number: W18000039497

We have received your document for CONTRACT COMPLIANCE SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of the application is missing.,

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 818A00008648

**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.**

CONTRACT COMPLIANCE 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)
SOUTH CAROLINA 47-0962893

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
June 5, 2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
June 15, 2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
13111 PEREGRIN CIRCLE, BRADENTON FL, 34212

7. _____
(Principal office address)

(Current mailing address, if different)

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

GEORGE BARRIE

Name: _____

13111 PEREGRIN CIRCLE

Office Address: _____

BRADENTON

34212

(City)

_____, Florida _____
(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.



(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

GEORGE BARRIE

Chairman:

Address: 13111 PEREGRIN CIRCLE, BRADENTON FL 34212

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

GEORGE BARRIE

President:

Address: 13111 PEREGRIN CIRCLE, BRADENTON FL, 34212

Vice President:

Address:

Secretary:

Address:

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

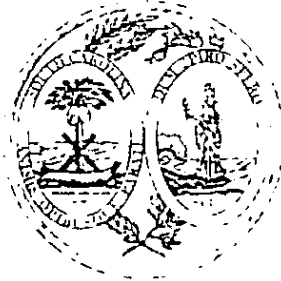
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. George Barrie, President

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

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TALLAHASSEE FLORIDA

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CONTRACT COMPLIANCE SERVICES, INC.,
a corporation duly organized under the laws of the State of South Carolina on June 5th, 2014, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 7th day
of May, 2018.


Mark Hammond, Secretary of State