

F18000002956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

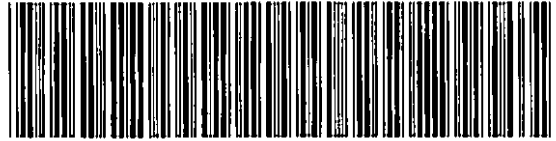
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

00558 W18-53343

Office Use Only



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2018 JUN 21 PM 4:51
OFFICE OF STATE
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JUN 25 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2018

KATHLEEN BAUMANN
11640 COURT OF PALMS
UNIT 301
FORT MYER, FL 33908

SUBJECT: ALL IN ONE ACCOUNTING SERVICES, INC
Ref. Number: W18000053343

We have received your document for ALL IN ONE ACCOUNTING SERVICES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 618A00011926

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations
ALL IN ONE ACCOUNTING SERVICES, INC.

SUBJECT: _____
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:
KATHLEEN BAUMANN

Name of Person
ALL IN ONE ACCOUNTING SERVICES, INC

Firm/Company
11640 COURT OF PALMS, UNIT 301

Address
FORT MYERS, FLORIDA 33908

City/State and Zip code
KBAUMANN05@COMCAST.NET

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

For further information concerning this matter, please call:

KATHLEEN BAUMANN 317 727-1702

Name of Person at () 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 &
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.*

ALL IN ONE ACCOUNTING SERVICES, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

KBG ACCOUNTING SERVICES, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
INDIANA 20-5936105

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11-28-2006 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
NONE AS OF NOW

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
11640 COURT OF PALMS, UNIT 301 FORT MYERS, FL 33908

7. _____
(Principal office address)
11640 COURT OF PALMS UNIT 301 FORT MYERS, FL 33908

(Current mailing address, if different)

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

BRIEN N GROW

Name:

11640 COURT OF PALMS, UNIT 301

Office Address:

FORT MYERS,

33908

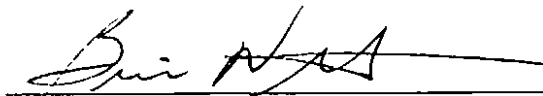
, Florida

(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.



(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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CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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

A. DIRECTORS

Kathleen Baumann

Chairman:

11640 Court of Palms, Unit 301

Address:

Fort Myers, FL 33908

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Kathleen Baumann

President:

Address:

Vice President:

Address:

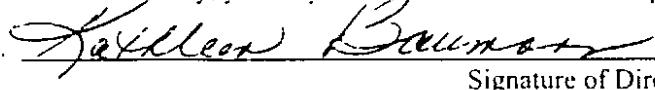
Secretary:

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.

KATHLEEN BAUMANN, PRESIDENT

13.

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

2019 JUN 21 PM 4:51
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-21-2019 BY 60322

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

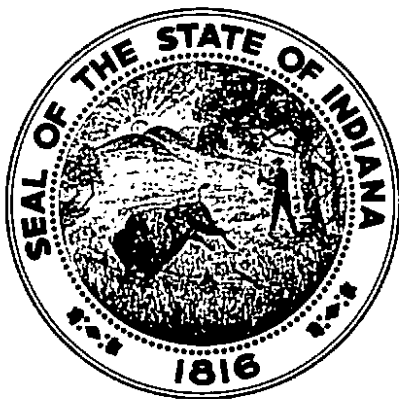
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ALL IN ONE ACCOUNTING SERVICES INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 28, 2006, and was in existence or authorized to transact business in the State of Indiana on June 18, 2018.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 18, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2006112900726 / 2018648167

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 18, 2018.