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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	(#)
(Otty/State/Zip/) Hone	, 11)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 11, 2018

JASON S HARCHUCK 7863 SADDLE CREEK TRL SARASOTA, FL 34241

SUBJECT: JASON, INC.

Ref. Number: W18000063264

We have received your document for JASON, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L12000000793.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00014284

COVER LETTER

TO: Registration Section Division of Corporations
$\sum_{i=1}^{n} x_i = 1$
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:
JASON J. HARCHUCK
Name of Person
JASON NUCLERORATED
Firm/Company
7863 SANDE CREEK TRAIL
Address
SARAGOTA FI 34741
City/State and Zip code
THARCHUCK & GMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1 DACM	1. lor.			
(Enter name of cor	poration; must include "INCOR p," "Inc," "Co." or "Corp.")	PORATED," "(COMPANY," "CORPORATION,"	
		Jay	DICORPORATED pted for the purpose of transacting business in F	10c :4 5)
(If name unavailab				iorda)
2. FNNSY	VANIA	3	68-0568005	
(State or country	under the law of which it is inco	orporated)	(FEI number, if applicable)	
4 9 4	29 / 2003	5		
(Date o	fincorporation)		(Date of duration, if other than perpetual))
6 N/A				
o	(Date first transact	ed business in Fl	orida, if prior to registration)	
	(SEE SECTIONS 607.1	501 & 607.1502	, F.S., to determine penalty liability)	1
7. 7863	Sanote CREEK	TRAIL	SARASOTA, FL 34241	<u> </u>
·		(Principal o	office address)	NE
11/	n			2018
	, ((Current mailing a	address, if different)	F2: 5
				工程 产
8. Name and street	address of Florida registered	lagent: (P.O. I	Box NOT acceptable)	SSEE S
Name:	Jasov J. Har	CHUCK	<u> </u>	
Office Address:	7863 Sapole	CREEK TR	<u>ú</u> 1/	OF THE STATE OF TH
	SARASOTA		Florida <u>_3424/</u>	••
	(City)		(Zip code)	
designated in this of further agree to co	nt's acceptance: d as registered agent and to application, I hereby accept mply with the provisions of	the appointmet all statutes rela	of process for the above stated corporation nt as registered agent and agree to act in th ative to the proper and complete performan ny position as registered agent.	his capacity. I

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: an Address: Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** 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 Aprector or Officer The officer or director signing this document (and who is listed in muniber 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. RESIDENT. (Typed or printed hame and capacity of person algering application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/05/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

JASON, 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.

OF THE COUNTY OF

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

Acting Secretary of the Commonwealth

Certification Number: TSC180705141428-1

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