

F18 000003863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

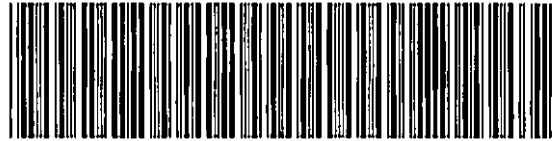
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900316389699

07/30/18--01226--011 **1100*

FILED
2018 AUG 22 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 23 2018



ACUMEN
SOLUTIONS GROUP

July 23, 2018

Florida Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Advanced Recovery Systems, INC. – Application for Business/Certificate of Authority

To Whom It May Concern:

Acumen Solutions Group is submitting the enclosed documents on behalf of its above-referenced client that is applying for a Business Registration/Certificate of Authority in your state.

Enclosed please find the following documents:

1. Payment of \$70.00 to Florida Department of State,
2. Original, Signed and Completed Application, and
3. Certificate of Good Standing from the state of formation.

Please return any correspondence to the licensing team at: 600 Broadhollow Road, Suite 200
Melville, New York 11747

If you have any questions, please contact us via email to licensing@acumensolutionsgroupllc.com or call (631) 719-5509.

Sincerely,

Acumen Licensing Team

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Recovery Systems, 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:

Licensing Team

Name of Person

Acumen Solutions Group

Firm/Company

600 Broadhollow Road, Suite 200

Address

Melville, New York 11747

City/State and Zip code

licensing@acumensolutionsgroupllc.com

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

For further information concerning this matter, please call:

Nancy Neal

631

719-5509

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




FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2018 AUG 22 PM 3:36

GROUP

INFORMATION SERVICES 

August 6, 2018

LICENSING TEAM
600 BROADHOLLOW ROAD, SUITE 200
MELVILLE, NY 11747

SUBJECT: ADVANCED RECOVERY SYSTEMS, INC
Ref. Number: W18000071207

We have received your document for ADVANCED RECOVERY SYSTEMS, 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):

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.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 118A00016128

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.

Advanced Recovery Systems, INC.

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

Advanced Recovery Systems, INC. of Mississippi

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

2. Mississippi 3. 64-0862765 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/05/1995 5. (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 219 Katherine Drive, Flowood, Mississippi 39232 (Principal office address) PO Box 321472, Flowood, Mississippi 39232 (Current mailing address, if different)

FILED 2018 AUG 22 AM 10:04 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (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.

Lynn Cannelongo

Lynn Cannelongo, Assistant VP

(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.

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

A. DIRECTORS

Chairman: Richard K. West Jr.
Address: 219 Katherine Drive
Flowood, MS 39232

Vice Chairman: Robert D. Shelton
Address: 219 Katherine Drive
Flowood, MS 39232

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Richard K. West Jr.
Address: 219 Katherine Drive
Flowood, MS 39232

Vice President: Robert D. Shelton
Address: 219 Katherine Drive
Flowood, MS 39232

Secretary: Robert D. Shelton
Address: 219 Katherine Drive, Flowood, MS 39232

Treasurer: Richard K. West Jr.
Address: 219 Katherine Drive, Flowood, MS 39232

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. Richard K West Jr.-President/Treasurer
(Typed or printed name and capacity of person signing application)

FILED
2018 AUG 22 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 5th day of May, 1995, the State of Mississippi issued a Charter/ Certificate of Authority to:

ADVANCED RECOVERY SYSTEMS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said ADVANCED RECOVERY SYSTEMS, INC. is in good standing at this time.

Given under my hand and seal of office
the 27th day of June, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18053910

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>