

10/5/2018

2018-10-09 12:05:18 CST

61445 662 From: James Tanks III

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H18000290003 3Division of Corporations
Electronic Filing Cover SheetFILE SECOND WITH
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(((H18000290012 3)))



H180002900123ABCX

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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FOREIGN PROFIT/NONPROFIT CORPORATION

Bestpass, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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T. CLINE

OCT 15 2018

EXAMINER 1/1

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM James Tanks III

DATE 2018-10-09 12:04:41 CST

RE Order# 11190694 BestPass, Inc- RESUBMIT

COVER MESSAGE

PLEASE HONOR THE ORIGINAL FILING DATE OF 10/05/2018. THIS IS A VERY URGENT (RESUBMISSION)

James H Tanks III
Global Fulfillment Assistant Team Leader
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com
james.tanks@wolterskluwer.com

**Wolters Kluwer**

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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2018 OCT -9 PM 4:08

850-617-6381

10/8/2018 3:01:23 PM PAGE 1/001 Fax Server

PLEASE HONOR THE ORIGINAL FILING DATE OF
10/05/2018



October 8, 2018

CT

SUBJECT: BESTPASS, INC.
REF: W18000089112

2018 OCT -3 PM 4:08

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that 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

FAX Aud. #: H18000290012
Letter Number: 618A00020910

PLEASE HONOR THE ORIGINAL FILING DATE OF
10/05/2018

P.O. BOX 6327 - Tallahassee, Florida 32314

500 New Kanner Road, Suite 5 Albany, N.Y. 12205 PH 888.410.9696 Info@bestpass.com



October 9, 2018

Department of State
Division of Corporations
Clinton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

OCT -9 PM 4:08

Re: Release of the Corporate Name "BestPass Incorporated" Document
Number P14000062182

Dear Sir or Madame:

BestPass Incorporated, Document Number P14000062182, was a Florida Profit corporation registered to do business in the State of Florida on July 24, 2014. The Articles of Dissolution dissolving the corporation were filed on October 5, 2018.

We request the Department of State, Division of Corporations, irrevocably release the name "BestPass Incorporated" to "Bestpass, Inc.", a New York corporation, so that Bestpass, Inc. can file for foreign qualification in the State of Florida.

Best regards,

A handwritten signature in black ink, appearing to read "John Lang".

John Lang
Vice President of Finance

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.

1. Bustpass, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. New York
(State or country under the law of which it is incorporated)
3. 36-4535141
(FEI number, if applicable)
4. July 23, 2003
(Date of incorporation)
5. _____
(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. 500 New Karner Road, Ste 5, Albany, NY 12205
(Principal office address)
- _____ (Current mailing address, if different)

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


Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By:  CT Corporation System
Olga Hinkel - 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: Ken Johnson

Address: 500 New Karner Road, Ste 5

Albany, NY 12205

Vice Chairman: Ken Staub

Address: 500 New Karner Road, Ste 5

Albany, NY 12205

Director: Chris Mix

Address: 500 New Karner Road, Ste 5

Albany, NY 12205

Director: Scott Matukas

Address: 500 New Karner Road, Ste 5

Albany, NY 12205

B. OFFICERS

President: John Andrews

Address: 500 New Karner Road, Ste 5

Albany, NY 12205

Vice President: John Lang

Address: 500 New Karner Road, Ste 5

Albany, NY 12205

Secretary: N/A

Address:

Treasurer: N/A

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 § 817.155, P.S.

13. John Lang, Vice President, Finance

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BESTPASS, INC. was filed on 07/23/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 03rd day of October
two thousand and eighteen.*



A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

201810040566 * SX