

F18000004853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
EVERLASTING 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:
JOHN MARTIN

EVERLASTING INC.	Name of Person
1520 RTE. 37 WEST UNIT 3	Firm/Company
TOMS RIVER, NJ 08755	Address
JOHN@EVERLASTFENCE.NET	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

JOHN MARTIN	609	971-7550
_____	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:

- | | | | |
|---|--|---|--|
| <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 checked="" 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.

EVERLASTING INC.

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

EVERLAST FENCE

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

NEW JERSEY 270701782

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/10/2009

4. _____ 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)

1209 TAYLOR LANE FORKED RIVER NJ 08731

7. _____
(Principal office address)

(Current mailing address, if different)

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

JOHN MARTIN

Name: _____

6017 PINE RIDGE ROAD SUITE 307

Office Address: _____

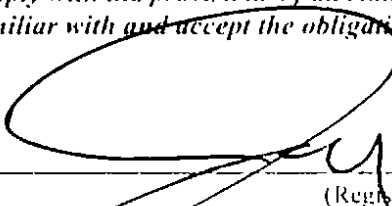
NAPLES

34119

_____, 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JOHN MARTIN
1209 TAYLOR LANE
Address: FORKED RIVER, NJ 08731

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: JOHN MARTIN
1209 TAYLOR LANE
Address: FORKED RIVER, NJ 08731

Vice President: ERIC SPITALE
48 GRANITE SPRINGS ROAD
Address: GRANITE SPRINGS, NY 10527

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. JOHN MARTIN
John Martin President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

EVERLASTING INC
0101003854

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 10, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*John Martin
1358 HOOPER AVENUE
SUITE 181
TOMS RIVER, NJ 08753*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on August 26, 2018.

VICE PRESIDENT

*ERIC SPITALE
48 GRANITE SPRINGS ROAD
GRANITE SPRINGS, NY 10527*

PRESIDENT

*JOHN MARTIN
1209 TAYLOR LANE
FORKED RIVER, NJ 08731*

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TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

EVERLASTING INC
0101003854



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of October, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6091994150

Verify this certificate online at

https://www1.state.nj.us/TyTR_StandingCertiJSP/Verify_Cert.jsp

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TALLAHASSEE, FLORIDA