

F180000005894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

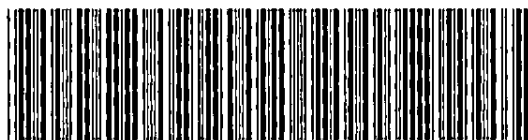
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900321593799

12/13/18--01018--001 **70.00

FILED
18 DEC 13 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 27 2018

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations
Associated Consultants, 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:
Becky Bennett

Name of Person
Associated Consultants, Inc.

Firm/Company
3730 Washington Blvd

Address
Indianapolis, IN 46205

City/State and Zip code
becky.bennett@retrotax-aci.com

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

For further information concerning this matter, please call:

Becky Bennett 317 513-5429

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

**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.*

Associated Consultants, Inc.

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

RetroTax, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Indiana 35-1991165

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
7-31-1996

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
12-11-2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3730 Washington Blvd., Indianapolis, IN 46205

7. _____
(Principal office address)

(Current mailing address, if different)

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

Alan Newcomb

Name: _____

3130 2nd St. W

Office Address: _____

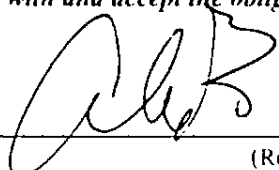
St Pete Beach

33706

_____, 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.

19 DEC 13 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Becky Bennett

Address: 3730 Washington Blvd. Indianapolis, IN 46205

Vice President: Alan Newcomb

Address: 3730 Washington Blvd. Indianapolis, IN 46205

Secretary: Becky Bennett

Address: 3730 Washington Blvd. Indianapolis, IN 46205

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. _____

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

RECEIVED
18 DEC 13 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

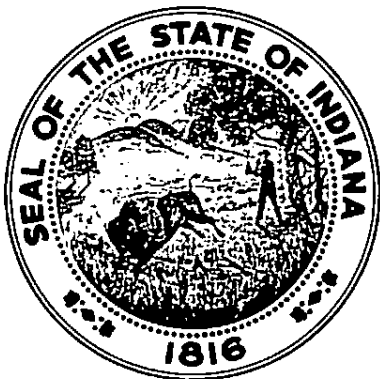
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ASSOCIATED CONSULTANTS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 30, 1996, and was in existence or authorized to transact business in the State of Indiana on December 11, 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, December 11, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1996071599 / 2018814814

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

Expires on January 10, 2019.