# F19000000272

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N. CAUSSEAUX JAN 1 6 2019

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJ	ECT: ADV.	ANCED HORIZONS ENTERPI	RISES IN	С	
		Name of corpora	tion - m	ist include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Exister	ation by Foreign Corporation ace," or "Certificate of Good ign corporation to transact bu	Standing	" and check are sub	
Please	return all corre	spondence concerning this ma	atter to t	he following:	
TRA	ACY CAISSE				
		Name	of Pers	on	
AD	VANCED HORE	ZONS ENTERPRISES INC			
		Firm/C	Compan	<i>'</i>	
20 5	SW 5TH STREET	r			
		Α	ddress		
STU	JART, FL 34994				
		City/Sta	te and Z	ip code	
trac	v@cascio.us		1 6 6		
		E-mail address: (to be us	sea for fi	nure annuai report	notification)
For fu	rther informatio	n concerning this matter, plea	ise call:		
TRA	ACY CAISSE	at ( 772	)	283-2392	
	Name of Pers		Code	Daytime Telep	hone Number
	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassec. F	ection orporations 7
Enclos	sed is a check fo	r the following amount:			
<b>⊠</b> \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

V COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	rporation; must include "INCORPORATED." rp," "Inc," "Co," or "Corp.")	\$
(If name unavailab	ale in Floridy, enter alternate comorate name a	dopted for the purpose of transacting business in Florida
NEW JERSEY	•	06-0892484
	under the law of which it is incorporated)	(FEI number, if applicable)
10/30/1972	5.	
(Date o	of incorporation)	(Date of duration, if other than perpetual)
01/02/2019		
	(2EE 2ECTION 2007.1201 & 007.12)	02, F.S., to determine penalty liability)
20 SW 5TH ST	REET, STUART FL 34994 (Principal)	nt office address)
20 SW 5TH ST	(Principa	nl office address) g address, if different)
	(Principa	g address, if different)
	(Principa (Current mailing	g address, if different)
Name and street Name:	(Principal) (Current mailing address of Florida registered agent: (P.O.)	g address, if different)
Name and street	(Principal) (Current mailing address of Florida registered agent: (P.O TRACY CAISSE	g address, if different)

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.

. DIRECTORS  hairman: JOSEPH A. MIELE	
hairman: JOSEPH A. MIELE	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
~ <b>rm</b>	1276
ddress: 20 SW 5TH STREET, STUART FL 34994	
	<u>.</u>
ice Chairman: CHRISTOPHER MIELE	8
ddress: 20 SW 5TH STREET. STUART FL 34994	. <u> </u>
rirector:	
ddress:	
rirector:	
ddress:	
, OFFICERS	
resident: JOSEPH A. MIELE	
ddress: 20 SW 5TH STREET, STUART FL 34994	
ice President: CHRISTOPHER MIELE	. "1
ddress: 20 SW 5TH STREET, STUART FL 34994	
ccretary: TRACY CAISSE	
.ddress: 20 SW 5TH STREET, STUART FL 34994	
reasurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	ors.
2. Signature of Director or Officer 1/2/19	
Signature of Director or Officer he officer or director signing this document (and who is listed in number 11 above) affirms that the facts sta	ated herein
re true and that he or she is aware that false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
3. TRACY CAISSE, SECRETARY & CFO  (Typed or printed name and capacity of person signing application)	

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

# ADVANCED HORIZONS ENTERPRISES, INC. 6872922000

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 October 30, 1972.

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:

WILLIAM J MURPHY 185 FAIRFIELD AVE SUITE 4C WEST CALDWELL, NJ 07007

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of December, 2018

Elizabeth Maher Muoio

State Treasurer

Certificate Number: 6093869190

Verify this certificate online at

https://www.Lstate.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

# WRITTEN CONSENT IN LIEU OF MEETING OF THE BOARD OF DIRECTORS AND STOCKHOLDERS OF ADVANCED HORIZONS, INC.

The undersigned, being all of the Directors and Stockholders of ADVANCED HORIZONS, INC., a Delaware corporation (the "Company"), hereby consent to, authorize, adopt and approve the following corporate actions and resolutions by written consent in lieu of a meeting of the Board of Directors and the Stockholders of the Corporation:

RESOLVED, that the following persons be and are hereby elected to serve as Directors of the Company until the next annual meeting and until their successor(s) shall have been elected and qualified:

### Joseph A. Miele Christopher Miele

FURTHER RESOLVED, that the following persons are hereby elected as the officers of the Company for the respective offices indicated until the next annual meeting and until their successors are elected and qualified or until their resignation or removal pursuant to the Bylaws of the Company:

President:

Vice President:

Chief Financial Officer:

Secretary:

Joseph A. Miele

Christopher Miele Tracy Caisse

Tracy Caisse

Effective Date: January 1, 2019.

loseph.A. Miele

January Ivileie

Dina Lobaina

Maria Misre

Christopher Miere

Kimberly Izzoid

### Acknowledgment of Delivery to Company

The undersigned President of the Company hereby acknowledges receipt of this Written Consent this <u>1st</u> day of <u>January</u>, 2019.

oseph A. Miele, President