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(Requestor's Name)				
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(Address) 9-7218				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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January 22, 2019

DAVID A. HAAS DAVID ALAN HAAS CPA PC 17337 ASHCOMB WAY ESTERO, FL 33928

SUBJECT: DAVID ALAN HAAS, C.P.A., P.C.

Ref. Number: W19000007218

We have received your document for DAVID ALAN HAAS, C.P.A., P.C. 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We are returning the first page of the application (ONLY).

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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 819A00001607

RECEIVEF FEB 01 2019

COVER LETTER

TO:	Registration Se Division of Co			
SUBJ	ECT: <u>\(\(\Delta\) \(\Beta\)</u>	Name of corporati	C. P. A. P. C.,	
Dear S	Sir or Madam:			
"Certif	ficate of Existen	tion by Foreign Corporation f ce," or "Certificate of Good S gn corporation to transact bus	tanding" and check are sul	
Please	return all corres	pondence concerning this ma	ter to the following:	
		David A. Hags		
		Name	of Person	
		Dovid Alan Ha	es CAA AC.	
		David Alan Ha Firm/C	ompany	
		17222 Advant	1.1-11	
		17337 Ashcamb	dress	
		F. b. C. 3	25.2	
- • • • • • • • • • • • • • • • • • • •		Estero FL 3.	and Zip code	
		dahaas 1957 c. g. E-mail address: (to be use	Mail. CoM d for future annual report	notification)
For fu	ther information	concerning this matter, pleas		·
\(\)	avid Horas	at (6 /8) 889-3001	
	Name of Perso	on Area C	0de Daytime Telep	shone Number
	STREET/COL	JRIER ADDRESS:	MAILING A	.DDRESS:
Registration Section Registration Section		Section		
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
	2661 Executive Tallahassee, FI	Center Circle	Tallahassee, i	
Enclos	ed is a check for	the following amount:		
53 \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

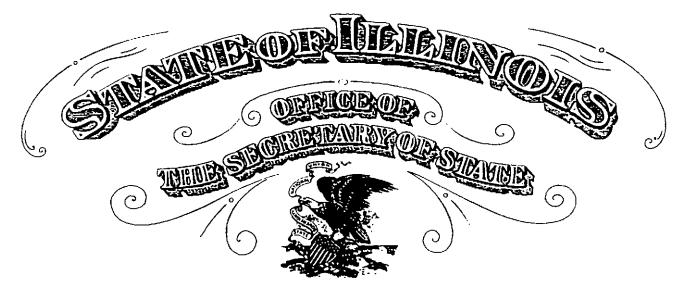
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1. David A	rporation; must include "INCORPORATED	Inc.	
		" "COMPANY," "CORPORATION,"	
"lnc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")		
(If name unavailat	ole in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)
2. Illinois	3.	. 37-/20646/	
(State or country	under the law of which it is incorporated)	(FEI number, if application	ible)
4. ///X6//	986 5. of incorporation)	Date of duration if other than	
) DIECL)	of incorporation)	(Date of duration, if other than	perpetuar)
6. Janual	(Date first transacted business i		
	(Date first transacted business i	in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	
7 /73.27	Asheamb was Estera	F1 33618	
'	A sheamb way, Estera	pal office address)	
San	(Current mail)		
	(Current main	ing address, it different)	20
			2019 FEB - 1 AH 10: 15
8. Name and street	address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	
N 1	h in Hand		FEB -
Name:	bavid Haas 17337 Ashcanb way		<i>≳,</i> − i
Office Address:	17237 Asternh 1100		
Office Address.			Py 5 C
	Estero (City)	, Florida <u>339 ک</u>	<u> </u>
	(City)	(Zip code)	1.4 Q1
9. Registered agei	-		
	d as registered agent and to accept serv		
	application, I hereby accept the appoint mply with the provisions of all statutes		
	miliar with and accept the obligations		erjormunee oj my
	, ,		
	Davis Hans		
			-
	(Kegislered	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: David Alan Hous
Address: 17337 Ashcomb way
Estero, FL 33928
Vice Chairman:
Address:
Director: David Alan Hags
Address: 17337 Ashcomb way
Estero FL 33928
Director:
Address:
B. OFFICERS
President: David Alan Haas
Address: 17337 Ashcomb way
Estero, FL 33928
Vice President:
Address:
Secretary: David Alan Hans
Address: 17237 Ashcomb way Estero FL 3394 5
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Nava alon Heras
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. DAVID ALAN HAAS President
(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DAVID ALAN HAAS, C.P.A., P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 26, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of JANUARY A.D. 2019 .

Authentication #: 1901400194 verifiable until 01/14/2020
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE