

FI900000747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 12 A 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/12/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2019

PHILLIP JW MILES
2854 N 2ND ST
HARRISBURG, PA 17110

SUBJECT: PENNSYLVANIA ADVISORY SERVICES, INC.
Ref Number: W19000009795

We have received your document for PENNSYLVANIA ADVISORY SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill in addresses on page 2 of 2 of 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 719A00002201

See attached REVISED
2-12-2019

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENNSYLVANIA ADVISORY SERVICES INC.
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:

PHILLIP J.W. MILES PRESIDENT

Name of Person

PA ADVISORY SERVICES INC

Firm/Company

2854 NORTH 2ND STREET

Address

HARRISBURG PA 17110

City/State and Zip code

PMILES@PAADVISORY.COM

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

For further information concerning this matter, please call:

PHILLIP MILES

Name of Person

at

717

Area Code

645-5525

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

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SECRETARY OF STATE

check attached
P. MILES
2279

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. PENNSYLVANIA ADVISORY SERVICES INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. PENNSYLVANIA 3. 23-2669205
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 23, 1991 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)

(FL BRANCH) 7505 POLO SQUARE, VERO BEACH FLORIDA 32968
(Principal office address)

(MAIN OFFICE) 2854 NORTH 2ND STREET, HARRISBURG, PA 17110
(Current mailing address, if different)

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

Name: PHILLIP MILES

Office Address: 6435 ATLANTIC BLVD

VERO BEACH

(City)

Florida

32966

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: PHILLIP JW MILES, CFP

Address: 2854 NORTH 2ND
HARRISBURG, PA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PHILLIP JW MILES, PRESIDENT

Address: P.O. BOX 691147
VERO BEACH FL 32969-1147

Vice President: _____

Address: _____

Secretary: PHILLIP JW MILES

Address: 7505 POLO SQUARE, VERO BEACH FL 32968

Treasurer: PHILLIP JW MILES

Address: 7505 POLO SQUARE, VERO BEACH FL 32968

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. PHILLIP JW MILES, PRESIDENT
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. PHILLIP JW MILES, PRESIDENT

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

FILED
2019 FEB 12 AM 13
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

01/17/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PENNSYLVANIA ADVISORY SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written.

Katlynn Brockman

Acting Secretary of the Commonwealth

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SECRETARY OF STATE
HALL/MS/ST/FLS

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Certification Number: TSC190117161176-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>