

FM900000831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

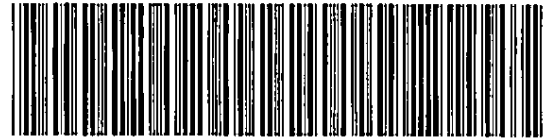
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB -4 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UJS
2-18-19

COVER LETTER

TO: Registration Section
Division of Corporations
United Financial Systems, Corporation

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:
David M McInerney

Name of Person
UF Resources Corporation

Firm/Company
8039 Cooper Creek Blvd, Ste 101

Address
University Park, FL 34201

City/State and Zip code
dmcinerney@ufresources.com

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

For further information concerning this matter, please call:

David M McInerney 941 556-0253

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.

United Financial Systems, Corporation

1. _____
(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)
Indiana 35-1550232
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/22/1982
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)
8039 Cooper Creek Blvd., Ste. 101, University Park, FL 34201
7. _____
(Principal office address)
- _____
(Current mailing address, if different)

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

InCorp Services, Inc.

Name:

17888 67th Court North

Office Address:

Loxahatchee

33470

(City)

, Florida

(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.



Crystal Jaurequi on behalf of InCorp Services, Inc.
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Dick Follett

Director: _____

8039 Cooper Creek Blvd., Ste 101

Address: _____

University Park, FL 34201

Director: _____

Address: _____

B. OFFICERS

Dick Follett

President: _____

8039 Cooper Creek Blvd., Ste 101

Address: _____

University Park, FL 34201

Vice President: _____

Address: _____

Dick Follett

Secretary: _____

8039 Cooper Creek Blvd., Ste 101, University Park FL 34201

Address: _____

Treasurer: _____

Address: _____

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

12. Richard L. Follett _____

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. Richard (Dick) L. Follett, President _____

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

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

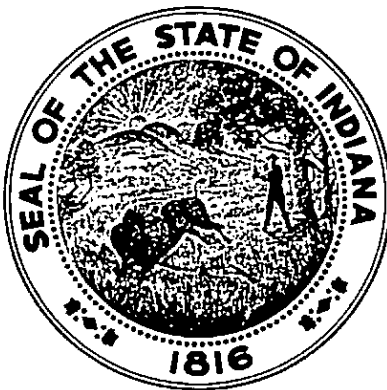
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

UNITED FINANCIAL SYSTEMS CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 22, 1982, and was in existence or authorized to transact business in the State of Indiana on January 14, 2019.

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, January 14, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

198210-638 / 2019850511

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

Expires on February 13, 2019.