

F1900001240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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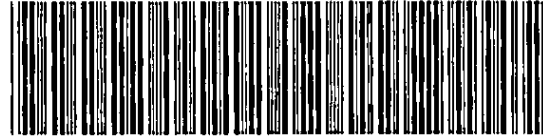
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR -1 PM 1:29
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FALLS CHURCH, VA

D. BRUCE
MAR 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Adaptive Solutions 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:
Denise D. Gilbert

Name of Person
Adaptive Solutions Inc.

Firm/Company
PO Box 99

Address
Fair Play, SC 29643-0099

City/State and Zip code
accounting@adaptivesolutions.com

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

For further information concerning this matter, please call:

Denise Gilbert 610 248-2415

Name of Person at () 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.*

Adaptive Solutions, Inc.

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

Adaptive Solutions FL, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Pennsylvania 23-2965562

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
06/1998

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
02/18/2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1800 JFK Blvd, Suite 300, Philadelphia, PA 19103

7. _____
(Principal office address)
PO Box 99 Fair Play SC 29643-0099

(Current mailing address, if different)

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

Kenneth Callaway

Name: _____

10235 Lakeside Vista Drive

Office Address: _____

Riverview

33569

(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.

Dennis D. Gilbert

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Denise D. Gilbert

Address: 212 Bunker Lane

Wartminster SC 29693

Director: _____

Address: _____

B. OFFICERS

President: Charles E. Davis IV

Address: 7 Skyhook Circle

Deptford NJ 08096

Vice President: Dean Bartholomew

Address: 232 Center St.

Jim Thorpe PA 18229

Secretary: Adam J. Doble

Address: 412 Ocean View Ave Santa Cruz CA 95062

Treasurer: Adam J. Doble

Address: _____

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

12. Charles E. Davis IV

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. Charles E. Davis IV

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

02/20/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ADAPTIVE SOLUTIONS, 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

Katly Boockvar

Acting Secretary of the Commonwealth

Certification Number: TSC190220120493-1

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