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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

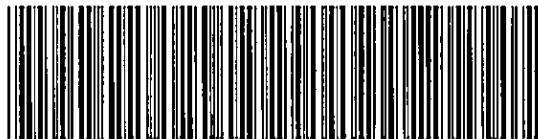
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 18 PM 12:29

FILED

48 3/28/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Account 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:

Pat McSorley

Name of Person	FILED 2019 MAR 18 PM 12:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Allied Account Services Inc.	
Firm/Company	
3260 Tillman Drive, Suite 75	
Address	
Bensalem, PA 19020	
City/State and Zip code	
pjmcSorley@monarchrm.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Diane Mazzacano	267	270-3927
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.*

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

2. NY 3. 11-2622259
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/10/1982 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 422 Bedford Avenue, Bellmore, NY 11710
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 422 Bedford Avenue, Bellmore, NY 11710
(Principal office address)

(Current mailing address, if different)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

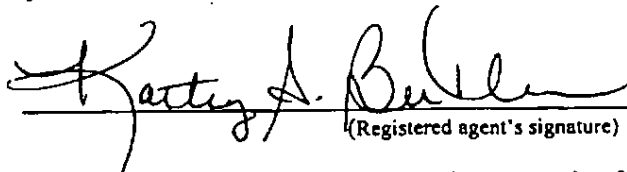
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (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)

KATHY A. BUTLER, ASST. SEC.

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: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Diane Mazzacano

Address: 422 Bedford Avenue

Bellmore, NY 11710

Director: William Fuller

Address: 422 Bedford Avenue

Bellmore, NY 11710

B. OFFICERS

President: Diane Mazzacano

Address: 422 Bedford Avenue

Bellmore, NY 11710

Vice President: _____

Address: _____

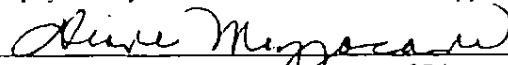
Secretary: Sharon Mazzacano

Address: 422 Bedford Avenue, Bellmore, NY 11710

Treasurer: William Fuller

Address: 422 Bedford Avenue Bellmore, NY 11710

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

12. 
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. Diane Mazzacano, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Allied Account Services Inc.
Addendum

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

A. DIRECTORS

Sharon Mazzacano
422 Bedford Avenue
Bellmore, NY 11710

Anthony Mazzacano
422 Bedford Avenue
Bellmore, NY 11710

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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ALLIED ACCOUNT SERVICES INC. was filed on 05/10/1982, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 05th day of February two
thousand and nineteen.*

A handwritten signature in cursive script, reading "Whitney Clark".

*Whitney Clark
Deputy Secretary of State*