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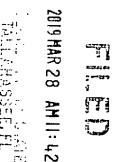
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration	n Section Corporations			
Exper	π Pay Inc.			
SUBJECT:				
		ie oi corporai	ion - must include suffix	
Dear Sir or Madam:	:			
The enclosed "Appl "Certificate of Exist above referenced fo	tence. Of Certifica	ate of Good N	landing and check are a	nsact Business in Florida." Submitted to register the
Please return all cor Heather Willard	respondence conce	rning this ma	tter to the following:	:
		Name	of Person	•
Expert Pay Inc.				
1875 Indian Rocks Ro	ad S.	Firm/C	ompany	
Largo, FL 33774		Ad	dress	
heatherwillard@yahoo	.com	City/State	and Zip code	
	E-mail addre	ss: (to be use	d for future annual repor	I notification)
For further information				·
Deven Werling		888	894.4088	
Name of Person		Area Co	de Daytime Tele	phone Number
		٠		
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Orporations 7
Enclosed is a check to	or the following amo	ount:		
\$70.00 Filing Fee	S78.75 Filing Certificate of	g Fee &	3 \$78.75 Filing Fee & Certified Copy	S87.50 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.

Expert Pay Inc.

(II name unavai Delaware	lable in Florida, enter alternate corporate name ac		Florida)
-		7-5112800	
(State or count 09/17/2015 4.	ry under the law of which it is incorporated) 5.	(FEI number, if applicable)	
(Date 03:15/2019	e of incorporation)	(Date of duration, if other than perpetua	d)
	(Date first transacted business in F (SEE SECTIONS 607.150) & 607.150 is Road S., Largo, FL 33774	lorida, if prior to registration) 2, F.S., to determine penalty liability)	<u> </u>
same		office address)	
······································	(Current mailing	address, if different)	 ~
	(Curentinaling		
		•	19 H
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Fauzia Makar	•	119 MAR 28
Name:	et address of Florida registered agent: (P.O. Fauzia Makar 19111 Cypress Green Dr	•	MAR 28 AH I
Name:	et address of Florida registered agent: (P.O. Fauzia Makar 19111 Cypress Green Dr Lutz	Box <u>NOT</u> acceptable)	MAR 28 AH II: L
Name:	et address of Florida registered agent: (P.O. Fauzia Makar 19111 Cypress Green Dr	Box <u>NOT</u> acceptable)	H9MAR 28 AH II: 42
Name: Office Address: 9. Registered age Having been nam	Et address of Florida registered agent: (P.O. Fauzia Makar 19111 Cypress Green Dr Lutz (City) ent's acceptance: ed as registered agent and to accept service	Box NOT acceptable)	AHII: 42
Name: Office Address: 9. Registered age Having been nam designated in this further agree to co	et address of Florida registered agent: (P.O. Fauzia Makar 19111 Cypress Green Dr Lutz (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes religious proving with the provisions of all statutes religious.	Box NOT acceptable) 33558 Cip code) Of process for the above stated corporation as registered agent and agree to act in the state of	AH 11: 42
Name: Office Address: 9. Registered age Having been nam designated in this further agree to co	Pet address of Florida registered agent: (P.O. Fauzia Makar 19111 Cypress Green Dr Lutz (City) Ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointment	Box NOT acceptable) 33558 Cip code) Of process for the above stated corporation as registered agent and agree to act in the state of	AH 11: 42

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.

H. Nam	es and business addresses of officers and/or directors:	a.			
A. ĐIRI	ECTORS	÷			
Chairman	Heather Willard	<u>.</u>			
Address:	1875 Indian Rocks Rd. S				
	Largo, FL 33774		•		_
Vice Chai	ғилал:				_
	·				_
Addit 33.			 		
-				_	
Director:					
Address:					
		·	_		
Director:					
					_
B. OFFI					_
President	Heather Willard				
	1875 Indian Rocks Rd. S				~~ .
Address:	Largo. FL 33774		· 		_
Vice Presi	dent:		···		_
Address:			<u> </u>	2019	_
				HAR	era:
Secretary:			13.00	28	
Address: _			<u> </u>	→	_,
Treasurer			11.2. 11.1	=	C
Address:			Table Table	12	_
_	£		-		_
70 TE: 1	f necessary, you may attach an addendum to the application listing additional of	ficers and/o	r directors.		
	Signature of Director or Officer			<u>-</u> -	
a third deg	or or director signing this document (and who is listed in number 11 above) affirm that the or she is aware that false information submitted in a document to the Egree felony as provided for in s.817.155, F.S. or Willard	ns that the formal department	facts stated of State co	herein nstitutes	ı
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name and capacity of person signing application	1)	·_		_

Page 1

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EXPERT PAY INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202368448

Date: 03-04-19

5827552 8300 SR# 20191738629