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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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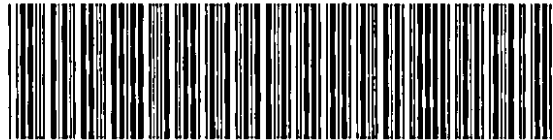
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/19--01019--004 **78.75

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

O SIMMONS

MAY 02 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McGlashan Incorporated

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:

Barbara McGlashan-Tapia

Name of Person

McGlashan Incorporated

Firm/Company

16120 N. Florida Ave

Address

Lutz, FL 33549

City/State and Zip code

bmcglashan@hotmail.com

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

For further information concerning this matter, please call:

Barbara McGlashan-Tapia

Name of Person

at (813) 461-0719

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. McGlashan 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. South Dakota

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 02/18/2003

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 06/01/2019

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16120 N. Florida Ave, Lutz, FL 33549

(Principal office address)

(Current mailing address, if different)

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

Name: Barbara McGlashan-Tapia

Office Address: 16120 N. Florida Ave.

Lutz, Florida 33549

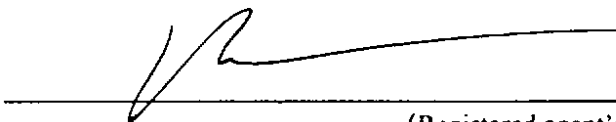
(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: Barbara McGlashan-Tapia

Address: 16120 N. Florida Ave

Lutz, FL 33549

Vice Chairman: Armando Tapia

Address: 16120 N. Florida Ave

Lutz, FL 33549

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Barbara McGlashan

Address: 16120 N. Florida Ave

Lutz, FL 33549

Vice President: Armando Tapia

Address: 16120 N. Florida Ave

Lutz, FL 33549

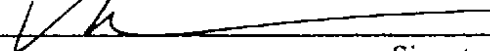
Secretary: Barbara McGlashan

Address: 16120 N. Florida Ave, Lutz, FL 33549

Treasurer: _____

Address: _____

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. Barbara McGlashan-Tapia

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

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APR 26 AM 10:01
19
TALLAHASSEE, FLORIDA

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

MCGLASHAN, INC.

Business ID: DB046492

was authorized to transact business in this state on: February 18, 2003.

I, further certify that **MCGLASHAN, INC.** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, April 23, 2019.

Steve Barnett

Steve Barnett
Secretary of State

04/23/2019 9:17 AM

Verification #: 011676117