F1900002354

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: *Mr. Crowley requested that I sold "" ofter corp (5-17-19 @ 11:45)				

Office Use Only



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May 14, 2019

MICHAEL CROWLEY 104A HECKELER DR GLENVILLE, NY 12302

SUBJECT: WILSHIRE CORP Ref. Number: W19000047461

We have received your document for WILSHIRE CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L17000039077.

The document must contain both the street address of the principal office and the mailing address of the entity.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

COVER LETTER

TO: Registration Section Division of Corporations			
Wilshite Com			-
SUBJECT:			
	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good Sta	inding" and check are si	sact Business in Florida," ubmitted to register the
Please return all correspondence of Michael Crowley	oncerning this matte	er to the following:	
	Name of	Person	
	Firm/Co	mpany	
104A Heckeler Drive			
Glenville, NY 12302	Add	ress	
mike@michaelcrowleycpa.com	City/State	and Zip code	 -
	addrage (to be used	£ £	
		for future annual repor	t notification)
For further information concerning	g this matter, please	call:	
Michael Crowley	518 at (384-1517 ext. 3	
Name of Person	Area Co	_ -/ 	phone Number
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		MAILING Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27
Enclosed is a check for the follow	ing amount:		
	75 Filing Fee & (ificate 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.

Wilshire Cor	•		
(Enter name o	f corporation; must include "INCORPORATED" "Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
Jack Duffy In	ncorporated		
(If name unav	ailable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in	Florida)
Nevada 2.		80-0376485	,
03/10/2009	nity under the law of which it is incorporated)	(FEI number, if applicable)	
(D	ate of incorporation)	(Date of duration, if other than perpetus	al)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607. Way, Naples, FL 34110	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7		cipal office address)	
	(Current mai	ling address, if different)	STA BUT
			5
8. Name and st	reet address of Florida registered agent: (F	'.O. Box NOT acceptable)	17
Name:	John Duffy		70) 192
Office Address	819 Barcamil Way		<i>55-</i> 57 •
	Naples	34110 , Florida	81
	(City)	(Zip code)	
Having been no designated in the further agree to	us application, I hereby accept the appoin	rvice of process for the above stated corporations at the composition of the proper and agree to act in a relative to the proper and complete performs of my position as registered agent. A D. L. L.	this connain I
	(Registere	d 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.

C 21 A10A2350

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

A. DIR	ECTORS John Duffy		
Chairman	1: 819 Barcamii Way		
Address:	Naples, FL 34110		
		_	
Vice Cha			
Address:	5 Wilshire Drive		
	Clifton Park, NY 12065		
Director:	Michael Crowley, CPA		
Address:	104A Heckeler Drive	_	
	Glenville, NY 12302		
Director:		-	
		_	
B. OFF	ICFRS		
President:	John Dirffy		
	819 Barcamil Way	<u>9∏</u> 19	(5)
Address:	Naples, FL 34110		` _
• • •	Denise Duffy		
Vice Presi	5 Wilshire Drive	<u> </u>	
Address:	Clifton Park, NY 12065	4-	*
	Jacqueline Duffy		
Secretary:			
Address:	5 Wilshire Drive, Clifton Park, NY 12065		
Treasurer:			
Address:	104A Heckeler Drive, Glenville, NY 12302		
NOTE: 1	If necessary you may attach an addendum to the application listing additional officers and/or direct	tors.	
third deg	Signature of Director or Officer et or director signing this document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. acl Crowley, Treasurer	ated her e constit	ein utes
	(Typed or printed name and capacity of person signing application)		

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, WILSHIRE CORP., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 10, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 16, 2019.

Ballora K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190516-1010