

FI90000002651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

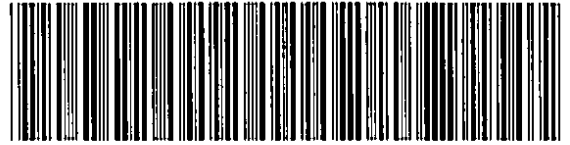
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500329399235

05/29/19--01007--018 **78.75

RECEIVED

MAY 28 2019

6:17 PM
MAY 29 2019

B KINSEY
JUN 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeckerWright Corporation
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:

Marshall H. Wright
Name of Person

DeckerWright Corporation
Firm/Company

628 Shrewsbury Ave Suite E
Address

Red Bank, NJ 07701
City/State and Zip code

mhw@deckerwright.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marshall H Wright at (732) 747-9373 x200
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

MHW 12/17/17

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. Decker-Wright, 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. New Jersey (State or country under the law of which it is incorporated)
3. 22-2536851 (FEI number, if applicable)

4. 6-29-1984 (Date of incorporation)
5. PERPETUAL (Date of duration, if other than perpetual)

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

7. 654 St. Andrews Circle, New Smyrna Beach, FL 32168
(Principal office address)

(Current mailing address, if different)

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

Name: Sarah Wright

Office Address: 654 St. Andrews Circle
New Smyrna Beach, Florida 32168
(City) (Zip code)

9/10/84 2:17:17

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.

Sarah Wright
(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: Marshall H Wright

Address: 628 Shrewsbury Ave Suite E
Red Bank, NJ 07701

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

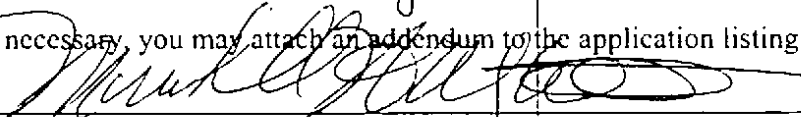
Secretary: Sarah Wright

Address: 628 Shrewsbury Ave, Red Bank, NJ 07701

Treasurer: Marshall H Wright

Address: 628 Shrewsbury Ave, Red Bank, NJ 07701

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. Marshall H Wright, President

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

2019 MAY 20 11 71 17

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

DECKER-WRIGHT, INC.

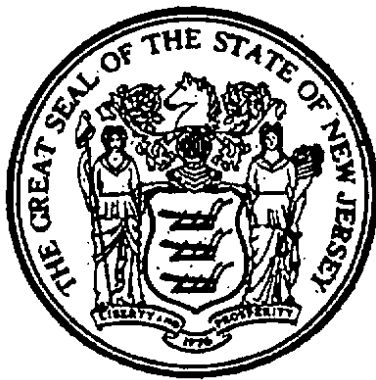
0100231338

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 29, 1984.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

SARAH D. WRIGHT
628 SHREWSBURY AVENUE, SUITE E
RED BANK, NJ 07702



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of April, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 2398636317

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCerUJSP/Verify_Cert.jsp