# F19000003094

(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:					





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K. SALY JUL - 9 2019

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

**REQUEST DATE**, 7/8/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 754971

**ORDER ENTITY** 

MAYER, SHANZER & MAYER, P.C. INC.

#### PLEASE PERFORM THE FOLLOWING SERVICES: MAYER, SHANZER & MAYER, P.C. INC. (FL)

File the attached foreign qualification document

#### **NOTES:**

\$70.00 Authorized

Email address for annual report reminders: jay.zhang@usa-corporate.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely, via E-mail

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, July 08, 2019 Page 1 of 1

#### 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.

(If name unavail	lable in Fiorida, enter alternate corp	orate name adop	oled for the purpose of transacting business in Plorid
Pennsylvania 		3.	23-2041223
(State or count) 9/6/1977	ry under the law of which it is incor	porated)	(FBI numbér, if applicable)
(Date	e of incorporation)		(Date of duration, if other than perpetual)
918 MAPLE STI	(SEE SECTIONS 607.150 REET, CONSHOHOCKEN, PA 19	428	F.S., to determine penalty Hability)  Tice address)
•	(Ču	rrent mailing ad	dress, if different)
. Name and <u>sires</u> Name:	(Cu et address of Florida registered a JEFFREY D MAYER	ū	
	et address of Plorida registered a	ū	
Name:	et address of Florida registered a JEFFREY D MAYER	ū	

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.

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.

H1. Names and business addresses of officers and/or directors:	19 JUL -8 AH 5: (
A. DIRECTORS	PALITICAL 317 5: L
STEVEN M. MAYER Chairman:	TALLAMASSE STATE
1115 RIVERVIEW LANE Address:	LURIDA
CONSHOHOCKEN, PA 19428	
Vice Chairman:	
Address:	
JEFFREY D. MAYER Director:	
4018 ISABELLA CIRCLE Address:	
WINDERMERE, FL 34786	
BRUCE SHANZER Director:	
1225 SEVEREN CT. Address:	
AMBLER, PA 19002	
B. OFFICERS  STEVEN M. MAYER  President:	
Address:	
CONSHOHOCKEN, PA 19428	
JEFFREY D. MAYER Vice President:	
4018 ISABELLA CIRCLE Address:	
WINDERMERE, FL 34786	
BRUCE SHANZER Secretary:	
1225 SEVEREN CT., AMBLER, PA 19002 Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	al officers and/or directors.
12. Atener M. Manger  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above)	**
are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.	211111110 01100 0110 1-1-1-
13. STEVEN M. MAYER, PRESIDENT	cation)
(Typed or printed name and capacity of person signing appli-	Cation)



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

04/23/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MAYER, SHANZER & MAYER, P.C.

is duly registered as a Pennsylvania Professional Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COMPONENTED

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190423100495-2

Verify this certificate online at http://www.corporations.pa.gov/orders/verify