

F190000003893

(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



700333512417

19 AUG 21 PM 2:03  
2019 AUG 21 AM 9:40  
B KINSEY  
AUG 22 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 892458 5012293  
AUTHORIZATION :   
COST LIMIT : \$ 70.00

-----

ORDER DATE : August 21, 2019  
ORDER TIME : 10:49 AM  
ORDER NO. : 892458-005  
CUSTOMER NO: 5012293

-----

FOREIGN FILINGS

NAME: CENTRAL CITY TICKET OFFICE CO.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**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.*

Central City Ticket Office Co.

1. \_\_\_\_\_

(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)

Pennsylvania

2. \_\_\_\_\_ 3. \_\_\_\_\_

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

(FEI number, if applicable)

11/18/1943

4. \_\_\_\_\_ 5. \_\_\_\_\_

(Date of incorporation)

(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)

1194 Hillsboro Mile, Unit 36, Hillsboro Beach, FL 33062

7. \_\_\_\_\_

(Principal office address)

(Current mailing address, if different)

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

Name: Robert Sablich

Office Address: 1194 Hillsboro Mile, Unit 36

Hillsboro Beach 33062  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

2019 AUG 21 AM 9:40

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.*

*Robert Sablich*

(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Robert Sablich

Address: 1194 Hillsboro Mile, Unit 36

Hillsboro Beach, FL 33062

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert Sablich

Address: 1194 Hillsboro Mile, Unit 36

Hillsboro Beach, FL 33062

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Robert Sablich

Address: 1194 Hillsboro Mile, Unit 36, Hillsboro Beach, FL 33062

Treasurer: Robert Sablich

Address: 1194 Hillsboro Mile, Unit 36, Hillsboro Beach, FL 33062

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Robert Sablich

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. Robert Sablich, President

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

08/21/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CENTRAL CITY TICKET OFFICE CO.

is duly registered as a Pennsylvania Business 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.



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

*Katly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190821100616-1

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