

F190000003920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2019

PHILLIP LYNN
PO BOX 205
BEAUFORT, SC 29901

SUBJECT: TRASK & LYNN, PA
Ref. Number: W19000077548

We have received your document for TRASK & LYNN, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

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

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00017287

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: TRASK & LYNN, PA

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:
PHILLIP T. LYNN, CPA

Name of Person

TRASK & LYNN, PA

Firm/Company

PO BOX 205

Address

BEAUFORT, SC 29901

City/State and Zip code

PLYNN@TRASKANDLYNN.COM

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

For further information concerning this matter, please call:

PHILLIP T. LYNN, CPA

843 521-2550
at ()

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

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. TRASK & LYNN, PA
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TRASK & LYNN, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. SOUTH CAROLINA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/1/1992 5. 57-0964077
(Date of incorporation) (Date of duration, if other than perpetual)
6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)
7. 46 SAMS POINT RD, BEAUFORT SC 29907
(Principal office address)
PO BOX 205, BEAUFORT SC 29901
(Current mailing address, if different)

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

Name: JAY ROBERTS
Office Address: 445 EUGENIA RD
VERO BEACH, Florida 32963
(City) (Zip code)

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.

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BUSINESS IN FLORIDA**

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TRASK & LYNN, PA

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SOUTH CAROLINA

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

(FEI number, if applicable)

11/1/1992

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PO BOX 205, BEAUFORT, SC 29901

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Name: JAY ROBERTS

Office Address: 445 EUGENIA RD

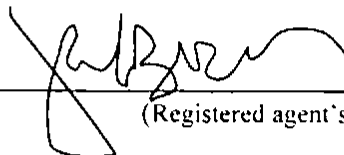
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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: PHILLIP T. LYNN CPA

Address: PO BOX 205

BEAUFORT, SC 29901

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PHILLIP T. LYNN, CPA

Address: PO BOX 205

BEAUFORT, SC 29901

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. PHILLIP T. LYNN, CPA

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

TRASK & LYNN, PA, a corporation duly organized under the laws of the State of South Carolina on October 30th, 1992, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 12th day
of August, 2019.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State