

~~FE~~ 20000000-709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

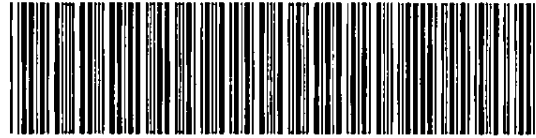
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB -6 P 5:16
TALLAHASSEE, FLORIDA

FEB 10 2020
T. LEWEL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECHNICAL SYSTEMS INTEGRATION, INC.

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:

ANN OSBORNE

Name of Person

Firm/Company

3461 LAKEVIEW DRIVE

Address

NAPLES, FL 34112

City/State and Zip code

AEO@TSI-INC.US

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

For further information concerning this matter, please call:

STEVE SEBOLD

at (908) 561-1600

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2020

ANN OSBORNE
3461 LAKEVIEW DR
NAPLES, FL 34112

SUBJECT: TECHNICAL SYSTEMS INTEGRATION, INCORPORATED
Ref. Number: W20000008224

We have received your document for TECHNICAL SYSTEMS INTEGRATION, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 020A00002019

RECEIVED

FEB 06 2020

**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. TECHNICAL SYSTEMS INTEGRATION, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- TECHNICAL SYSTEMS INTEGRATION NJ, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW JERSEY 3. 13-3877546
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 17, 1996 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. JANUARY 1, 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3200 BAYSHORE DRIVE, NAPLES, FL 34112
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: ANN OSBORNE
- Office Address: 3200 BAYSHORE DRIVE
- NAPLES, Florida 34112
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Ann O Osborne
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: ANN OSBORNE
☐ Vice Chairman Address: 3461 LAKEVIEW DRIVE
☐ Director NAPLES, FL 34112
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: THOMAS OSBORNE
☐ Vice Chairman Address: 3461 LAKEVIEW DRIVE
☐ Director NAPLES, FL 34112
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: RICHARD OSBORNE
☐ Vice Chairman Address: 96 E AVENUE
☐ Director APT 54
☐ President ATLANTIC HIGHLANDS, NJ 07716
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other OFFICER ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Ann L Osborne
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. ANN OSBORNE - PRESIDENT
(Typed or printed name and capacity of person signing application)

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

**TECHNICAL SYSTEMS INTEGRATION INC.
0100651628**

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 January 17, 1996.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019

I further certify that the registered agent and office are:

*ANN E OSBORNE
20 RED FOX ROAD
FREEHOLD, NJ 07728-0000*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
6th day of December, 2019*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6103029578

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp