

F200000001315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

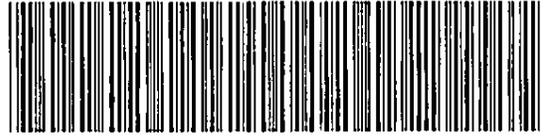
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2020 MAR 12 11:10:50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RESUBMIT

Please give original
submission date as file date.

ACCOUNT NO. : I20000000195
REFERENCE : 205705-5156901
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 228.75

ORDER DATE : March 6, 2020
ORDER TIME : 11:24 AM
ORDER NO. : 205705-005
CUSTOMER NO: 5156901

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: BOYLE SOFTWARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
~~XX~~ PLAIN STAMPED COPY
~~XX~~ ~~CERTIFICATE OF GOOD STANDING~~

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2020

CSC

SUBJECT: BOYLE SOFTWARE, INC.
Ref. Number: W20000025554

We have received your document for BOYLE SOFTWARE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

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.

Yvette Scott
Document Specialist II

Letter Number: 620A00005212

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boyle Software, 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:

Dan Boyle

Name of Person

Boyle Software, Inc.

Firm/Company

316 NE 24th Street

Address

Wilton Manors, FL 33305

City/State and Zip code

channeldan@gmail.com

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

For further information concerning this matter, please call:

Agatha Rysinski

at (646) 755-3172

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**

\$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

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TALLAHASSEE, FLORIDA

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. Boyle Software, 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 York 3. 13-3975795
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 5, 1997 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. December 10, 2019
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 316 NE 24th Street, Wilton Manors, FL 33305
 (Principal office street address)

 (Current mailing address, if different)

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

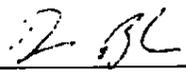
Name: Dan Boyle

Office Address: 316 NE 24th Street

Wilton Manors, Florida 33305
 (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)
 Dan Boyle

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]:

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A. DIRECTORS

Chairman Name: Dan Boyle
 Vice Chairman Address: 316 NE 24th Street
 Director Wilton Manors, FL 33305
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

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

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

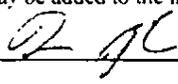
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

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Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ 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. 
 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. Dan Boyle President
 (Typed or printed name and capacity of person signing application)

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of BOYLE SOFTWARE, INC. was filed on 11/05/1997, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of March
two thousand and twenty.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

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TALLAHASSEE, FLORIDA

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