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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Richard L Quinn Inc			
Nai	ne of corporation -	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence," or	rate of Good Stand	ling" and check are submitte	
Please return all correspondence conc	erning this matter t	to the following:	
Richard L Quinn			
	Name of P	Person	
Richard L. Quinn Inc			
-	Firm/Comp	pany	
3576 SE Cambridge Drive			
····	Addres		
Stuart, FL 34997			
	City/State an	d Zip code	
Rlquinninc@aol.com			
E-mail add	ress; (to be used fo	or future annual report notifi	cation)
For further information concerning thi	s matter, please ca	ill:	
Harriet G Shapiro, CPA	772	Daytime Telephone Number	
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 ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3.	on rations
Enclosed is a check for the following a Please make check payable to: FLORIDA S70.00 Filing Fee S78.75 F Certifica	DEPARTMENT (OF STATE \$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. Richard L Quint	i. Inc			
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)		
Pennsylvania 2.	y under the law of which it is incorporated)	23-1745676		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
CHICIPLETIE	_			
(Date	of incorporation) 5	(Date of duration, if other than perpetual)		
6. 07/01/2020				
7. <u>35/6</u>	SE Cambridge Dri	live, Stuar 7 34997 lice street address)		
	(Current maili	ing address, if different)		
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Richard L Quinn			
Office Address:	3576 SE Cambridge Drive			
	Stuart	, Florida		
	(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.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 3576 SE Cambridge Drive	□Vice Chairman	Address:	
Director	Stuart, FL 34997	□Director		
■ President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□ Other	□Other		□Other
□Chairman □Vice Chairman ■Director □President ■Vice President ■Secretary	Name: 3576 SE Cambridge Drive Address: Stuart, FL, 34997 ■Treasurer	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary	Address:	□Treasurer
□Other	[]Other	□Other		□Other
□ Director □ President	Name:	□Director □President		÷
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
The officer or direct she is aware that fars.817.155, F.S.	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director of Signature of Director of the signing this document (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also information submitted in a document to the Department (and who is listed in number also in number	nt of State Annual Re TOfficer TI above) affirms the	eport form.	herein are true and that he or

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/26/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

RICHARD L. QUINN, INC.

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

Secretary of the Commonwealth

Certification Number: TSC200825131456-1

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