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(((H21000341698 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Timothy Abeel & Associates, P.C.

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COVI	R LETTER	H21000341698 3	
TO: Registration Section			
Division of Corporations			
SUBJECT: Timothy Abeel & Associates, P	C.	•	
	ration - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation" Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact	I Standing" and check are s		
Please return all correspondence concerning this	natter to the following:		
Georgia Dorsam			
Na	ac of Person		
inCorp Services, Inc.			
	/Company		
3773 Howard Hughes Pkwy. Suite 500S	· Company		
5770 Honza Hagilia Friny, Callo 5005	<u> </u>	<u> </u>	
1 W 1 NW 00400 0044	Address		
Las Vegas, NV 89169-6014			
City/S	tate and Zip code		
documents@incorp.com			
E-mail address: (to be	ised for future annual repo	rt notification)	
For further information concerning this matter, p	esse call:		
101 titiation minimum someonium			
eorgia Dorsam on behalf of InCorp Services, Inc. at 800	246-2677 ext. 6912		
		lephone Number	
STREET/COURIER ADDRESS:		ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Division of Corporations			
The Centre of Tallahassee		P.O. Box 6327	
2415 N. Monroe Street, Suite 810	Tallahasse	e, FL 32314	
Tallahassee, FL 32303		•	
Enclosed is a check for the following amount:			
Please make check payable to: FLORIDA DEPARTI	IENT OF STATE		
■ \$70,00 Filing Fee □ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee 8		
Certificate of Status	Certified Copy	Certificate of Status &	

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

H21000341698 3

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.

(If name unavails	ible in Florida, enter alternate corpo	rate name adopted f	or the purpose of transact	ing business in Florida)
Pennsylvania	• • • • • • • •			
	under the law of which it is incorp		(FEI number, if a	applicable)
11/12/2013		5		
•	of incorporation)		(Date of duration, if other	r than perpetual)
Upon Filing				
	(Date first transacted (SEE SECTIONS 607.150		if prior to registration) to determine penalty liab	ility)
25 Regency P	aza, Glen Mills, PA 19342	,	, , , , , , , , , , , , , , , , , , ,	••
		incipal office street	address)	9.21
•			•	法名
	(Cur	rent mailing address	, if different)	
			10T 11 .	
Name and stree	t address of Florida registered as	geni: (P.O. Box <u>r</u>	IOT acceptable)	M 9:
Name:	InCorp Services, Inc.	<u> </u>		5. F. S.
fice Address:	17888 67th Court North			LIE 6
	Loxahatchee	.F	lorida 33470	
	(City)	,-	(Zip code)	
aving been name esignated in this erther agree to c	nt's acceptance: ed as registered agent and to ac application, I hereby accept the omply with the provisions of all with and accept the obligations	cept service of pro appointment as t statutes relative to of my position as	(Zip code) ocess for the above state egistered agent and ag the proper and comp registered agent.	gree to act in this capac lete performance of m
	dul AM Male Kild Licenson	Georgia Doroom	on behalf of Incorp S	andos Inc
	Lorgie Droam	aeorgia Dorsaiii	on behalf of though 3	————

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.

☑Director ☑President	Name: Timothy Abeel Address; 25 Regency Plaza Glen Mills, PA 18342 Treasurer Other	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	H21000341698 3 Name: Address: □Treasurer □Other			
□ Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	∐Vice Chairman	Address:			
□Director •		□Director				
□President		□ President				
□Vice President		☐Vice President				
Secretary	. Treasurer	Secretary	☐ Tressurer			
□ Other		□Other	Chier			
□ Chairman	Name:	□ Chairman	Name:			
☐ Vice Chairman	Address:		Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer			
Other		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. Timothy Abeel, President

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/15/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Timothy Abeel & Associates, P.C.

is duly registered as a Pennsylvania Professional 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

Acting Secretary of the Commonwealth

Certification Number: TSC210915100673-1

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