

F210000006232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

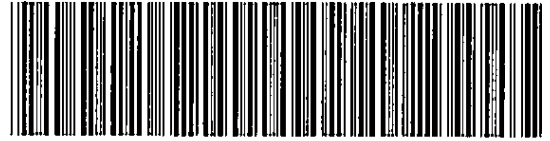
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/21--01010--006 **70.00

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2021 OCT 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FL

S. ROBERTS

OCT 26 2021

7

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.WINCHELL AGENCY, 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:

GENE NATALE

Name of Person

PRO TAX CORPORATE SERVICES

Firm/Company

450 PAIGE CT

Address

MELBOURNE, FL 32940

City/State and Zip code

drgnatale@aol.com

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

For further information concerning this matter, please call:

Gene Natale

Name of Person

321

Area Code

213-1669

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

CHECK
#1288

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 608, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. WINCHELL AGENCY, INC.

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA

23-2686422

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

(FLL number, if applicable)

3. 5/29/1992

(Date of incorporation)

(Date of duration, if other than perpetual)

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

117 BUCKLEBERRY LANE, POCANO PINES PA 18350

(Principal office street address)

PO BOX 280, POCANO PINES, PA 18350

(Current mailing address, if different)

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

Name: CYNTHIA C. WINCHELL

Office Address: 1831 SAGO PALM ST NE

PALM BAY

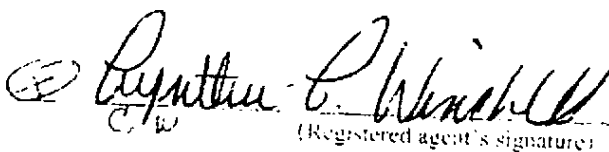
(City)

Florida 32909

(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)

10/21/2021 

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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SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

Chairman Name CYNTHIA C. WINCHELL
 Vice Chairman Address 1571 SAGO PALM ST. NE
 Director PALM BAY FL 32905
☒ 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

☐ 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: Please attach to this form no 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

1 Cynthia C. Winchell
 C.W. Signature of Director or Officer 10/21/2021

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 § 817.155, F.S.

12 CYNTHIA C WINCHELL, PRES.

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/20/2021

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

C. WINCHELL AGENCY, 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.

A handwritten signature in cursive script, appearing to read "Victoria W. DeGregg".

Acting Secretary of the Commonwealth

Certification Number: TSC211020131540-1

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