

F21 00006789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

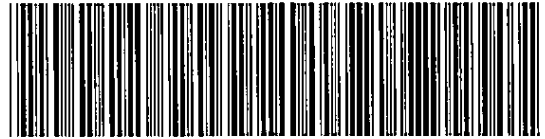
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

② W21-144584
W21-138932

Office Use Only



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10/12/21--01044--030 **78.75

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CLERK OF DISTRICT COURT
STATE OF FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSE ALFONSO DMD PC

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:

Sean M. Duffy CPA

Name of Person

Duffy Financial Services PC

Firm/Company

533 South Avenue West

Address

Westfield, NJ 07090

City/State and Zip code

tonitoalfonso@gmail.com ✓

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

For further information concerning this matter, please call:

Sean M. Duffy CPA

at (908) 889-4604

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2021

SEAN M DUFFY CPA
533 SOUTH AVENUE WEST
WESTFIELD, NJ 07090

SUBJECT: JOSE ALFONSO DMD PC CORP.
Ref. Number: W21000144584

We have received your document for JOSE ALFONSO DMD PC CORP. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 621A00027031



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2021

SEAN M DUFFY CPA
533 SOUTH AVENUE WEST
WESTFIELD, NJ 07090

SUBJECT: JOSE ALFONSO DMD PC
Ref. Number: W21000138932

We have received your document for JOSE ALFONSO DMD PC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 121A00025531

**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. JOSE ALFONSO DMD PC

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

JOSE ALFONSO DMD PC CORP.

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

2. New Jersey 3. 85-4064926

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 30, 2020

5. _____
(Date of duration, if other than perpetual)

(Date of incorporation)

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

7. 220 SE 2nd Street, Apt. 2416, Fort Lauderdale, FL 33301
(Principal office street address)

(Current mailing address, if different)

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

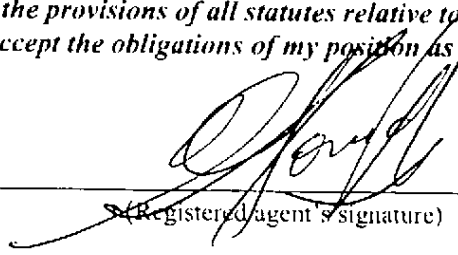
Name: Jose Alfonso

Office Address: 220 SE 2nd Street, Apt. 2416

Fort Lauderdale, Florida 33301
(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.

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

RECEIVED
STATE
FL
2021 NOV 19 PM 4:06

A. DIRECTORS

☒ Chairman Name: Jose Alfonso
☐ Vice Chairman Address: 220 SE 2nd Street
☐ Director Apt. 2416
☐ President Fort Lauderdale, FL 33301
☐ 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: 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. Jose Alfonso, Chairman
(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**

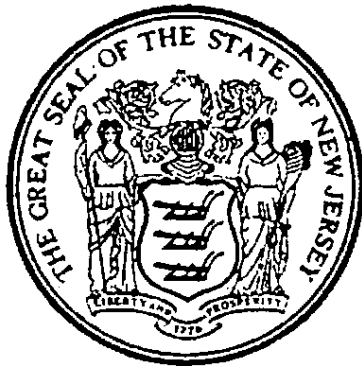
**JOSE ALFONSO DMD PC
0450571811**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on November 30, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*JOSE A ALFONSO
1 VERMELLA WAY
APT 4047
UNION, NJ 07083*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of September, 2021*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6123618816

Verify this certificate online at

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