# Pa1000006828

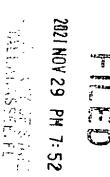
(Requ	iestor's Name)	)
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ıment Number	)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
W2WO 61 4	7651	See 1

Office Use Only



100375887291

11/02/21--01016--015 \*\*70.00



S. FRANKLIN DEC - 1 2021

#### **COVER LETTER**

TO:	_	tration Section ion of Corporations			
SUBJ	ECT:	Enhanced Business Solutions	, lnc.		
2010		Name o	of corporation -	must include suffix	<del></del> _
Dear S	Sir or M	adam:			
"Certil	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standi	ng" and check are submit	
Pleasc	return	all correspondence concerni	ng this matter to	the following:	
Paul B	rown				
			Name of Pe	erson	~
Enhan	ced Busi	ness Solutions, Inc.			2021 NOV 29
			Firm/Comp	any	VO
401 O	rlando S	treet			29
			Addres	5	
Venice	r, FL 341	285			PH 7:
			City/State and	l Zip code	552
pbrown	n@ebsiv	veb.com			, ; 
		E-mail address	: (to be used fo	r future annual report noti	fication)
For fu	rther in	formation concerning this m	atter, please cal	1:	
Paul B	rown		703 at (	615-1601	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Please		check for the following amo eck payable to: FLORIDA DE ng Fee	EPARTMENT C g Fee &		3 \$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.

(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	4."
EBSI, Inc.			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transactin	ig business in Florida)
2. Virginia	2	42-1562697	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. 01/01/2003			
(Date of incorporation) 5 5 5		(Date of duration, if other	than perpetual)
7 401 Orlando Stre	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 et, Venice FI 34285	92, F.S., to determine penalty liabili	ty)
,	(Principal office	e <u>street</u> address)	<del></del>
			202
	(Current mailing	address, if different)	10 T
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	29
Name:	Paul Brown		See P
Office Address:	401 Orlando Street		7: 52
	Venice	, Florida	. 10
	(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: Paul Brown	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director	Venice, FL 34285	□Director		
■President		□President		<del></del>
□ Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		Treasurer
Other	□ Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	2821 NOV
	Address:	□Vice Chairman		29
□ Director		□ Director	7.00010501	
□ President		□President		(To -1 %
□Vice President		□Vice President	,	55
□ Secretary	□Treasurer	□ Secretary		☐ Treasurer
_	_	•		
□Other	Other	□Other		□Other
Important Notice:	Use at attachment to report more than six (6). The analysis of the index when filing your Florida Depart	attachment will be image	d for reporting p	ourposes only. Non-indexed
12.	and Source	mich of State Affilial Re	даль кинь.	

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.

# Commondoealthor Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That ENHANCED BUSINESS SOLUTIONS, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 8, 2002;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwe Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

November 22, 2021

Bernard J. Logan, Clerk of the Commission







November 9, 2021

PAUL BROWN 401 ORLANDO STREET VENICE, FL 34285 US

SUBJECT: ENHANCED BUSINESS SOLUTIONS, INC.

Ref. Number: W21000145651

We have received your document for ENHANCED BUSINESS SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 321A00027336

