

Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

FOREIGN PROFIT/NONPROFIT CORPORATION
Robert O. Mayer C.P.A., P.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

S. FRANKLIN

DEC 17 2021

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. Robert O. Mayer C.P.A. Professional Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

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

2. New York 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/27/1993 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 4201 N Ocean Blvd, C1108
(Principal office street address)

Boca Raton, FL 33431
(Current mailing address, if different)

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

Name: Robert O. Mayer

Office Address: 4201 N Ocean Blvd, C1108

Boca Raton, Florida 33431
(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.

[Handwritten signature]
(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: Robert O. Mayer

Vice Chairman Address: 4201 N Ocean Blvd, C1108

Director Boca Raton, FL 33431

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 _____

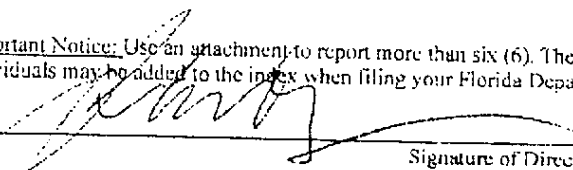
Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

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 FLORIDA SECRETARY OF STATE

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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. Robert O. Mayer
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ROBERT O. MAYER C.P.A., P.C.
 DOS ID Number: 1752635
 Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION
 Entity Status: EXISTING
 Date of Initial Filing with DOS: 08/27/1993
 Statement Status: CURRENT
 Statement Due Date: 08/31/2021

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 TALLAHASSEE, FL
 TALLAHASSEE STATE

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
 Date of Filing: 08/27/1993
 Entity Name: ROBERT O. MAYER C.P.A., P.C.

Document Type: BIENNIAL STATEMENT
 Date of Filing: 09/25/1995
 Effective Date: 08/01/1995

Document Type: BIENNIAL STATEMENT
 Date of Filing: 08/04/1997
 Effective Date: 08/01/1997

Document Type: BIENNIAL STATEMENT
 Date of Filing: 09/14/1999
 Effective Date: 08/01/1999

Document Type: BIENNIAL STATEMENT
 Date of Filing: 08/14/2001
 Effective Date: 08/01/2001

Document Type: BIENNIAL STATEMENT
 Date of Filing: 08/15/2003
 Effective Date: 08/01/2003

Document Type: BIENNIAL STATEMENT
 Date of Filing: 10/05/2005
 Effective Date: 08/01/2005

Document Type: BIENNIAL STATEMENT
 Date of Filing: 08/24/2007
 Effective Date: 08/01/2007

Document Type: BIENNIAL STATEMENT
 Date of Filing: 08/12/2020
 Effective Date: 08/01/2019

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 CLERK OF CIRCUIT COURT
 HALL COUNTY, FL

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 16, 2021 at 12:50 P.M.

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ALBANY, N.Y.
STATE DEPT.

ROBERT J. RODRIGUEZ, Acting Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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