

1/31/22, 2:42 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCUMERA LLC  
Account Number : 120090000079  
Phone : (518)937-9117  
Fax Number : (518)937-9128

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

Email Address: filings@accumera.com

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TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION

JSO Associates, Inc.

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

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Electronic Filing Menu

Corporate Filing Menu

Help

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**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. ISO Associates, Inc.  
 (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. 07/07/1992 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. 17 Maple Drive, Great Neck, NY 11021  
 (Principal office street address)

17 Maple Drive, Great Neck, NY 11021  
 (Current mailing address, if different)

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

Name: Jared Ort

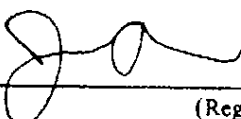
Office Address: 7319 Cortes Lake Drive

Delray Beach, Florida 33446  
 (City) (Zip code)

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**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]:

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**A. DIRECTORS**

☐ Chairman Name: Jared Ort  
☐ Vice Chairman Address: 11 Woodlawn Ave.  
☐ Director Great Neck, NY 11023  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Shareholder ☐ Other \_\_\_\_\_

☐ Chairman Name: Joel Ort  
☐ Vice Chairman Address: 7319 Cortes Lake Drive  
☐ Director Delray Beach, FL 33446  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_


☐ Chairman Name: John Simonelli  
☐ Vice Chairman Address: 42 Clifton Ave  
☐ Director Huntington, NY 11743  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Shareholder ☐ 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. Jared Ort, President  
 (Typed or printed name and capacity of person signing application)

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## 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: JSO ASSOCIATES, INC.  
DOS ID Number: 1649548  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 07/07/1992  
Statement Status: CURRENT  
Statement Due Date: 07/31/2022

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: 07/07/1992  
Entity Name: JSO ASSOCIATES, INC.

Document Type: BIENNIAL STATEMENT  
Date of Filing: 11/08/1993  
Effective Date: 07/01/1993

Document Type: BIENNIAL STATEMENT  
Date of Filing: 08/13/1996  
Effective Date: 07/01/1996

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/09/1998  
**Effective Date:** 07/01/1998

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/10/2000  
**Effective Date:** 07/01/2000

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/18/2002  
**Effective Date:** 07/01/2002

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/30/2004  
**Effective Date:** 07/01/2004

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/19/2006  
**Effective Date:** 07/01/2006

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/15/2008  
**Effective Date:** 07/01/2008

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/19/2010  
**Effective Date:** 07/01/2010

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 08/07/2012  
**Effective Date:** 07/01/2012

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 08/04/2014  
**Effective Date:** 07/01/2014

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Document Type: BIENNIAL STATEMENT

Date of Filing: 09/17/2021

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 January 31, 2022 at  
02:37 P.M.



ROBERT J. RODRIGUEZ, Acting Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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