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PLEASE FILE THE ATTACHED QUALIFICATION FOR:

WILLIAM T. SCULLY, PA

PLEASE RETURN A STAMPED COPY

CHECK# 9374 FOR: \$70.00

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.

	orporation: must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION		
William T. Scu	lly, Professional Corporation			
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in F	lorida
New York	7			
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)	
01 /05/ 1 996		Perpetual		
(Date of incorporation)		(Date of duration, if other than perpetual)		
Upon Filing				
	(SEE SECTIONS 607.1501 & 607.150.ck Lane, Port St. Lucie, FL 34952 (Principal office ck Lane, Port St. Lucie, FL 34952		y)	
		address, if different)		
	(Current maning	address, ir different)	4 # 	1022 SEP
				(E)
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		1/1
Name and stree	et address of Florida registered agent: (P.O. Kenneth A. Norman	Box <u>NOT</u> acceptable)		28
Name:		Box <u>NOT</u> acceptable) —	·	28 PH 1:
	Kenneth A. Norman	Box <u>NOT</u> acceptable) . Florida 34994		ဌာ

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.

Tin Saville Erin Saville, Attorney-In-Fact (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 William T. Scully Name: _____ □Chairman □Chairman 1577 SE Prestwick Lane ☐ Vice Chairman Address: □Vice Chairman Address: Port St. Lucie, FL 34952 ☐ Director ■ Director President □ President ☐ Vice President □ Vice President _ ☐ Treasurer □ Secretary ☐ Secretary Treasurer □Other _____ □ Other _____ □Other _____ □Other ______ Name: _____ Name: Chairman □ Chairman ☐ Vice Chairman Address: ☐ Vice Chairman Address: ______ Director Director ☐ President ☐ President □Vice President ___ ☐ Vice President □ Treasurer ☐ Treasurer □ Secretary ☐ Secretary □Other _____ □ Other _____ □ Other _____ Name; _____ □ Chairman Name: ______ Chairman Address: □Vice Chairman Address: ☐ Vice Chairman □Director Director □President □President □ Vice President ☐ Vice President ☐ Treasurer ☐ Secretary Treasurer ☐ Secretary ☐Other _____ □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.

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.

Erin Saville, Attorney-In-Fact for William T. Scully 13. _____

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:

WILLIAM T. SCULLY, CPA, P.C.

DOS ID Number:

1987803

Entity Type:

DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/05/1996

Statement Status:

PAST DUE DATE

Statement Due Date:

01/31/2016

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:

01/05/1996

Entity Name:

JOHN J. SCULLY, JR., C.P.A., P.C.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

01/20/1998

Effective Date:

01/01/1998

Document Type:

BIENNIAL STATEMENT

Date of Filing:

01/27/2000

Effective Date:

01/01/2000

Page Lof 3

Document Type: BIENNIAL STATEMENT

Date of Filing: 01/03/2002

Effective Date: 01/01/2002

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 01/06/2004

 Effective Date:
 01/01/2004

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 02/09/2006

 Effective Date:
 01/01/2006

Document Type: CERTIFICATE OF AMENDMENT

Date of Filing: 07/27/2007

Name Changed To: WILLIAM T. SCULLY, CPA, P.C.

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 01/16/2008

 Effective Date:
 01/01/2008

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 01/28/2010

 Effective Date:
 01/01/2010

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 03/01/2012

 Effective Date:
 01/01/2012

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 02/19/2014

 Effective Date:
 01/01/2014

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 September 23, 2022 at 10:19 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heyles

By Brendan C. Hughes
Executive Deputy Secretary of State

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