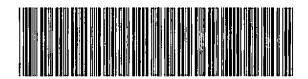
# F22000006445

(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:
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Office Use Only



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### **COVER LETTER**

_	stration Section ion of Corporations				
SURIFCT.	GUARDIAN PROFESSIO	NAL SERVICES	INC		
SOBOLCI.	Nam	e of corporation	- must include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign ( f Existence," or "Certificated foreign corporation to	ite of Good Stand	ling" and check are subr		
Please return	all correspondence concer	rning this matter	to the following:		
DIMITRIOS /	ADAMIDIS				
-		Name of F	Person		
GUARDIAN I	PROFESSIONAL SERVICE	ES INC.			222
		Firm/Comp	oany		2022 OCT 14
1904 NEW YO	ORK AVE				
		Addre	SS		<u> </u>
HUNTINGTO	ON STATION, NY 11746				AR 107 31/1
		City/State an	d Zip code		- 357 - 35 - 34 - 34
d.adamidis@g	uardianproservices.com				
	E-mail addre	ess: (to be used fo	or future annual report n	otification)	
For further in	formation concerning this	matter, please ca	all:		
DIMITRIOS A	ADAMIDIS	at (	Daytime Teleph		
Nam	e of Person	Area Code	Daytime Teleph	none Number	
Regis Divis The C 2415	EET/COURIER ADDRESTRATION Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
	-	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Certificate o Certified Co	f Status &

## 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.

l	ROFESSIONAL SERVICES INC.	COMPANY " "CONPORT TION!"	<u> </u>
	orporation: must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	•		
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busine	ess in Florida)
NEW YORK	3	5-3121894	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
09/18/2020	5		
(Date	of incorporation)	(Date of duration, if other than per	rpetual)
8/1/2022			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
11000 TERMINA		, r.s., to determine penalty hability)	
	(Principal office	etroot address)	<del>-</del>
FORT MYERS,	· •	<u>street</u> address)	2022 OCT
		address, if different)	8
	(53.13	,	
. Name and stree	et address of Florida registered agent: (P.O. I	3ox NOT acceptable)	-
	DIMITRIOS ADAMIDIS	<u> </u>	
Name:	<del></del>	_	े <b>३</b> इंटर
Office Address:	11000 TERMINAL ACCESS RD	<u> </u>	57 . <b>S</b>
	FORT MYERS	. Florida 33913	
	(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: DIMITRIOS ADAMIDIS	□Chairman	Name:			_
□Vice Chairman	Address:	□Vice Chairman	Address:		_ <del>_</del>	_
□Director	HUNTINGTON STATION, NY 11746	□Director				_
President		□President				_
□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	<del> </del>	□President		· <del></del> ,		_
□Vice President	·	□Vice President		-1. 	2022 0	;
□Secretary	□Treasurer	☐ Secretary		☐Treasurer-	11 130	···
□Other	□Other	□Other		□Other <u>- 155</u>	-0.5	
				(2년) 150	بې	į
□Chairman	Name:	□ Chairman	Name:	.(*)	<u>မှ</u>	_
□ Vice Chairman	Address:	□Vice Chairman	Address:			_
□Director		□Director		<del>-</del>		_
□President		□President				_
□Vice President		☐Vice President			<del></del>	_
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		Other		_
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ient of State Annual R	ed for reporting peport form.		ndexed	_
	Signature of Director	or Officer				
	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depar					r
13. DIMITRIOS	ADAMIDIS		<u>.                                    </u>			_

(Typed or printed name and capacity of person signing application)

#### 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:

GUARDIAN PROFESSIONAL SERVICES INC.

DOS ID Number:

5838836

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

09/18/2020

Statement Status:

**CURRENT** 

Statement Due Date:

09/30/2022

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 October 03, 2022 at 06:35 P.M.

Brandon C Hughan

ROBERT J. RODRIGUEZ. Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 10(0)02287536 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>



August 1, 2022

DIMITRIOS ADAMIDIS GUARDIAN PROFESSIONAL SERVICES, INC 1904 NEW YORK AVE HUNTINGTON STATION, NY 11746

SUBJECT: GUARDIAN PROFESSIONAL SERVICES, INC.

Ref. Number: W22000099812

We have received your document for GUARDIAN PROFESSIONAL SERVICES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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

Mel Solomon Senior Section Administrator

Letter Number: 122A00017136

RECEIVED
OCT 1 4 2027