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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

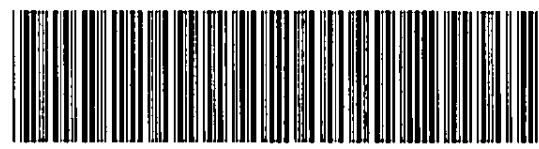
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 FEB - 6 PM 12: 08  
CLERK

FILED  
FEB 11 2023

581457  
FEB 08

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PACE PROFESSIONAL SERVICES, LTD.  
Name of corporation (must include suffix)

Dear Sir or Madam:

The enclosed "Application for Foreign Incorporation Act Only for the Transaction Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation in the state of Florida.

Please return all correspondence to the following address:

KENNETH GROSS  
Name of Person

PACE PROFESSIONAL SERVICES, LTD.  
Name of Company

17099 WHITEHAVEN DRIVE  
Address

BOCA RATON, FLORIDA 33496  
City, State and Zip

KENGPACE@ACL.COM  
E-mail address (may be used for future annual report notification)

For further information contact me directly at the following:

KENNETH GROSS, 516, 509-8888  
Name of Person                      Area Code                      Office Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 800  
Tallahassee, FL 32303

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the total amount of \$87.50.

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$70.00 Filing Fee

\$87.50 Filing Fee & Certified Copy

\$87.50 Filing Fee & Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

RECEIVED

DEC 27 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2022

KENNETH GROSS  
17099 WHITE HAVEN DR  
BOCA RATON, FL 33496

SUBJECT: PACE PROFESSIONAL SERVICES, LTD.  
Ref. Number: W22000154185

We have received your document for PACE PROFESSIONAL SERVICES, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 722A00027875

**RECEIVED**  
FEB 06 2023

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. PACE Professional SERVICES, 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 (State or country under the law of which it is incorporated)
3. 11-3155263 (FEI number, if applicable)

4. 12/09/1992 (Date of incorporation)
5. (Date of duration, if other than perpetual)

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

7. 17099 Whitehaven Drive, Boca Raton, FL 33496
(Principal office street address)

(Current mailing address, if different)

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

Name: KENNETH GROSS

Office Address: 17099 Whitehaven Drive

Boca Raton (City)

Florida 33496 (Zip code)

2023 FEB - 6 PM 1:11
LLD

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total].

**A. DIRECTORS**

Chairman Name KENNETH GROSS  
 Vice Chairman Address 17099 WHITEHAVEN DR  
BOCA RATON, FL 33496  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

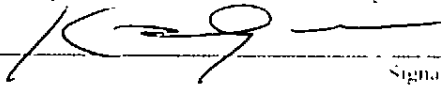
Chairman Name DEBORAH GROSS  
 Vice Chairman Address 17099 WHITEHAVEN DR  
BOCA RATON, FL 33496  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name DANIELLE GROSS  
 Vice Chairman Address 14 PINE DRIVE  
WOODBURY, NY 11797  
 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. KENNETH GROSS, PRESIDENT  
 (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: PACE PROFESSIONAL SERVICES, LTD.  
DOS ID Number: 1686036  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 12/09/1992  
Statement Status: CURRENT  
Statement Due Date: 12/31/2022

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 November 16, 2022 at 04:00 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

Authentication Number: 100002510372 To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

New York State Department of State  
Division of Corporations, State Records and Uniform Commercial Code  
**COPY REQUEST/CERTIFICATE OF STATUS RECEIPT**

KENNETH GROSS  
585 STEWART AVE, STE 600  
GARDEN CITY NY 11530

**DATE:** 11/16/2022      **TRANSACTION NUMBER:** 20221160003071

**ENTITY INFORMATION:**

**ENTITY NAME:** PACE PROFESSIONAL SERVICES, LTD.  
**DOS ID:** 1686036  
**DATE OF INITIAL DOS FILING:** 12/09/1992

<b><u>REQUESTED SERVICES:</u></b>	<b><u>NUMBER REQUESTED:</u></b>	<b><u>FEE:</u></b>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$0.00

**TOTAL PAYMENTS RECEIVED:** \$25.00  
**CASH:** \$0.00  
**CHECK/MONEY ORDER:** \$0.00  
**CREDIT CARD:** \$25.00  
**DRAWDOWN ACCOUNT:** \$0.00  
**REFUND DUE:** \$0.00

<b><u>REQUESTED COPY</u></b>	<b><u>FILE DATE</u></b>	<b><u>FILE NUMBER</u></b>
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