

F23000006504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

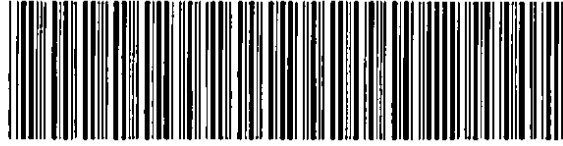
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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10/23/23--01010--012 **78.75

11/17/23--01007--009 **600.00

2023 11 17 11:33

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OCT 23 2023

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2023

CHRISTOPHER HARLAN
PO BOX B
BONNERS FERRY, ID 83805 US

SUBJECT: ANSWERING SPECIALISTS INC.
Ref. Number: W23000148394

We have received your document for ANSWERING SPECIALISTS INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$600.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 723A00025243

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NOV 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations
Answering Specialists Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Christopher Harlan

Name of Person
Answering Specialists Inc.

Firm/Company
P.O. Box B

Address
Bonners Ferry, ID 83805

City/State and Zip code
taxes@ansspc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Harlan 208 304-6008

Name of Person at (_____) Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Answering Specialists Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Answering Specialists Incorporated

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

Idaho 81-0986500

2. (State or country under the law of which it is incorporated)

3. (FEI number, if applicable)

08/28/2015

4. (Date of incorporation)

5. (Date of duration, if other than perpetual)

02/11/2019

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

6504 Tyler St. Ste A Bonners Ferry, ID 83805

(Principal office street address)

PO Box B Bonners Ferry, ID 83805

(Current mailing address, if different)

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

Name:

Northwest Registered Agent LLC

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

33702

, Florida

(Zip code)

7. **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)

8. 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.

9. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (see (C) 100.11)

A. DIRECTORS

☐ Chairman Name: Christopher L Harlan
6504 Tyler St
☐ Vice Chairman Address: Ste A
☐ Director Bonners Ferry, ID 83805
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Deryk J Harlan
6504 Tyler St
☐ Vice Chairman Address: Ste A
☐ Director Bonners Ferry, ID 83805
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

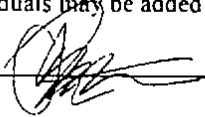
☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Rebecca M Harlan
6504 Tyler St
☐ Vice Chairman Address: Ste A
☐ Director Bonners Ferry, ID 83805
☐ 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.

2.  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 817.155, F.S.

3. Christopher Harlan
(Typed or printed name and capacity of person signing application)



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 31, 2023

Request Type: Certificate of Existence/Filing

Request #: 0005376884

Receipt #: 000872069

Issuance Date: 08/31/2023

Copies Requested: 0

Regarding: ANSWERING SPECIALISTS INC.

Filing Type: General Business Corporation (D)

Formation/Qualification Date: 08/28/2015

Status: Active-Good Standing

Duration Term: Perpetual

File #: 622511

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

ANSWERING SPECIALISTS INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 025157324