## F24000001151

(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.				
Reject 2nd Time W24 6000 11301 W230001 30967				

Office Use Only



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January 24, 2024

JANET M. PEGUERO 4654 WINDMILL LN DAVIE, FL 33328 US

SUBJECT: ALL TIME SERVICE FLORIDA INC.

Ref. Number: W24000011301

We have received your document for ALL TIME SERVICE FLORIDA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Andrea Andrews Regulatory Specialist II

Letter Number: 624A00001514



### **COVER LETTER**

Santage Contracts

TO:		tration Section ion of Corporations				
SUBJ	ECT:	ALL TIME SERVICE IN	NC .			
5020		Na	me of corporation	- must include suffix		
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign f Existence," or "Certificed foreign corporation	cate of Good Stan	Authorization to Transac ding" and check are subr ss in Florida.	t Business in Florida." nitted to register the	
Please	return a	all correspondence conc	erning this matter	to the following:		
JANET	M. PE0	GUERO				
			Name of	Person		
ALL T	IME SE	RVICE INC.				
.,	_		Firm/Com	pany		
4654 W	INDMI	LL LN				
			Addre	rss		
DAVIE	. FL 33.	328				
			City/State ar	nd Zip code		
JPEGU	ERO@	ALLTIMESERVICE.COM				
		E-mail add	ress: (to be used f	or future annual report no	otification)	
For fur	ther int	ormation concerning th	is matter, please c	ali:		
JANET M. PEGUERO 617			617 at (	733-6204		
	Name	e of Person	Area Code	Daytime Teleph	one Number	
	Regist Divisi The C	CET/COURIER ADDR tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite hassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
	nake ch	<del>-</del>	A DEPARTMENT	OF STATE   \$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. ALL TIME SER	ALL TIME SERVICE INC.				
	orporation: must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
ALL TIME SER	RVICE FLORIDA INC.				
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flor	ida)		
MASSACHUSE	ETTS				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. 01/12/1996					
	of incorporation)	(Date of duration, if other than perpetual)			
No transactions					
2520 W. D.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)				
7	Blvd. Suite 214 Fort Lauderdale, FL 33312				
	(Principal office	street address)			
4654 Windmill L	n. Davie, FL 33328				
	(Current mailing	address, if different)			
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Janet M. Peguero	Box <u>NOT</u> acceptable)	ŽÜZYFEB;		
Office Address:	3520 W. Broward Blvd. Suite 214	<del>-</del>	27 PH		
	Fort Lauderdale	, Florida 33312	<del></del>		
	(City)	(Zip code)	بر ت		

#### 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 Janet M. Peguero Name: \_ Janet M. Peguero Name: ☐ Chairman ☐ Chairman 3520 W Broward Blvd. Suite 214 3520 W Broward Blvd. Suite 214 □Vice Chairman Address; Address: ☐ Vice Chairman Fort Lauderdale, FL 33312 Fort Lauderdale, FL 33312 □Director **■** Director President □ President □Vice President \_\_ □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ☐ Other \_\_\_\_\_ □Other \_\_\_\_ ☐ Other \_\_\_\_\_ □Other Name: \_\_\_\_\_ Name: Janet M. Peguero □Chairman □Chairman 3520 W Broward Blvd. Suite 214 3520 W Broward Blvd. Suite 21 □ Vice Chairman Address: □ Vice Chairman Fort Lauderdale, FL 33312 Fort Lauderdale, FL 33312 □ Director □ Director □ President □President □Vice President ☐ Vice President ■ Secretary ☐Treasurer □ Secretary ■Treasurer □Other \_\_\_\_\_ □Other \_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chai⊓nan Name: \_\_\_\_ □ Chairman Name: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ ☐ Director □Director □President □President □ Vice President \_\_\_ □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □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.



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

February 2, 2024

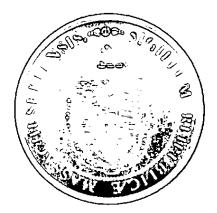
#### TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office.

#### ALL TIME SERVICE, INC.

is a domestic corporation organized on **January 12**, **1996**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galelin

Processed By: mgc