# F24000004686

(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					
W24000118282 W23-95361					





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06/27/23--01032--001 \*\*70.00

2024 SEP -3 PH 4: 24





August 21, 2024

CARL ZACHARIA 111 W. MCMURRAY ROAD MCMURRAY, PA 15317 US

SUBJECT: ZACHARIA BROWN CORP

Ref. Number: W24000118282

We have received your document for ZACHARIA BROWN CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I just noticed that your name on line one does not match your business name on your certificate. They must agree and then add your suffix to it like, Inc. Please make this correction an mail it back to me.,

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.

RECEIVED

Andrea Andrews
Regulatory Specialist II

STP 63 2024 Letter Number: 824A00018665

Find included, your check for \$70.00. We don't need you to pay again.



July 12, 2023

1. 1. 1. 1.

CARL ZACHARIA 111 W. MCMURRAY ROAD MCMURRAY, PA 15317 US

SUBJECT: ZACHARIA BROWN PC Ref. Number: W23000095361

We have received your document for ZACHARIA BROWN PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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: 823A00015416

RECEIVED 8/1/24

## **COVER LETTER**

•	tration Section ion of Corporations				
SUBJECT:	Zacharia Brown Corp				
SOBJECT.		of corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stand	ing" and check are subi		
Please return Carl Zacharia	all correspondence concern	ing this matter t	o the following:		
		Name of P	erson		<del></del>
Zacharia Brow	n Corp				
		Firm/Comp	any	-	
26811 South E	Bay Drive Suite 260				
_		Addres	S	<del>,</del>	
Bonita Springs	s, FL 34134				
**	·	City/State and	d Zip code		
czacharia@zac	ebrownlaw.com				
	E-mail address	s: (to be used fo	r future annual report n	otification)	
For further in	formation concerning this n	atter, please ca	11:		
Carl Zacharia		at (	345-4545		
Nam	e of Person	Area Code	Daytime Teleph	one Number	<del> </del>
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amoreck payable to: FLORIDA Ding Fee	EPARTMENT ( g Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	Certific	Filing Fee, cate of Status & cd 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.

	" "COMPANY," "CORPORATION,"			
•				
able in Florida, enter alternate corporate name	adopted for the purpose of transacting by	ısiness in Florida)		
2	26-1603637			
	(FEI number, if applicable)			
007				
	(Date of duration, if other than	(Date of duration, if other than perpetual)		
	ice <u>street</u> address)			
(Current mailin	ng address, if different)			
et address of Florida registered agent: (P.C Ehren Frey	O. Box <u>NOT</u> acceptable)	ŹÜZI SEP		
26811 S Bay Dr #260		င်		
Bonita Springs	Florida 34134			
(City)	(Zip code)	72 :1		
	able in Florida, enter alternate corporate name  y under the law of which it is incorporated)  (Date first transacted business i  (SEE SECTIONS 607.1501 & 607.1  #260, Bonita Springs, Florida 34134  (Principal off  (Current mailing)  et address of Florida registered agent: (P.6)  Ehren Frey  26811 S Bay Dr #260  Bonita Springs	able in Florida, enter alternate corporate name adopted for the purpose of transacting by 26-1603637  by under the law of which it is incorporated)  (FEI number, if applied)  (Date of duration, if other than (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  #260, Bonita Springs, Florida 34134  (Principal office street address)  (Current mailing address, if different)  Et address of Florida registered agent: (P.O. Box NOT acceptable)  Ehren Frey  26811 S Bay Dr #260  Bonita Springs , Florida 34134		

#### 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:	□ Chairman	Christine Brown Murphy Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	McMurray, PA 15317	Director	McMurray, PA 15317				
■ 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	<del></del>				
□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		President					
□Vice President		□Vice President					
Secretary	Treasurer	Secretary	□Treasurer				
□Other	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.  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.

L3. Carl B. Zacharia

### **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Zacharia & Brown Professional Corporation

Request Type: Subsistence Certificate Issuance Date: June 06, 2023

**Request No.:** 016456024 File No.: 0003782658

**Receipt No.:** 000548888

Filing Type: Domestic Business Corporation

Filing Subtype: Professional

Initial Filing Date: December 21, 2007

Status: Active

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Zacharia & Brown Professional Corporation

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

**Albert Schmidt** 

Acting Secretary of the Commonwealth

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Verify this certificate online at www.file.dos.pa.gov