1	1 4 4 () RAMMITALLIFTEH JAJA
Į	To: Qualification/Tax Lien Section Division of Corporations
	SUBJECT: BACK TO BACK INCORPORATED
	(Name of corporation - must include suffix)
	Dear Sir or Madam: -05/24/9301082008 *****78.75 *****78.75
-	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:
	ROMALD GUGLIOTEA
	(Name of Person)
	BACK TO BACK, INC.
	(Firm/Company)
	PA RW 5158
	(Address)
	NAVARRE FL 32566
	(City/State/Zip)
	Should you need to call someone concerning this matter, please call:  Name  Availability  Name
	TONI GUGLIOTTA at (850) 939.05/4 - NOTE - NO
	(Name of Person) (Area Code & Daytime Telephone Number)
	Updater
	STREET ADDRESS: MAILING ADDRESS: Updated Verifyer
	Qualification/Tax Lien Section Qualification/Tax Lien Section Qualification/Tax Lien Section
	Division of Corporations  Division of Corporations  W. P. W. P.
	409 E. Gaines St.  Tallahassee, FL 32399  P.O. Box 6327  Tallahassee, FL 32314
	Tallahassee, FL 32399 Tallahassee, FL 32314
	Enclosed is a check for the following amount:
	☐ \$70.00 Filing Fee \$78.75 Fi

Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 25, 1999

RONALD GUGLIOTTA P.O. BOX 5158 NAVARRE, FL 32566

SUBJECT: BACK TO BACK, INCORPORATED

Ref. Number: W99000012155

We have received your document for BACK TO BACK, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 099A00028768

99 JUN - 7 PM 5: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## APPEICATION 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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) urpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Office Address: 10. 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) 11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: RONAU Vice Chairman: Address: Director: Address: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: \_\_ Address: Alf necessary, you may attach an addendum to the application tisting additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ( SUGLIOTTA · PRESIDEN

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

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY \*BACK TO BACK INC.\* IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE ECEVENTH DAY OF MAY, A.D.
1999.

AND I DO HERERY FURTHER CERTIFY THAT THE FRANCHISE TAXES



Edward J. Freel, Secretary of State

9735525

**AUTHENTICATION:** 

05-11-99

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