

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

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Foreign Limited Liability Company  
ACCOUNTING PLUS SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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6/4/2021

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

## 1. ACCOUNTING PLUS SERVICES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

## 2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

## 3.

(FEI number, if applicable)

## 4.

(Date last transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

## 5. 301 Oxford Valley Road STE 506B

(Street Address of Principal Office)

Yardley PA 19067

## 6. 301 Oxford Valley Road STE 506B

(Mailing Address)

Yardley PA 19067

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

Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie

(City)

Florida 33314

(Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

*[Signature]*

(Registered agent's signature)

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

### Title or Capacity:

### Name and Address:

### Title or Capacity:

### Name and Address:

Member

Alan Lipoff

301 Oxford Valley Rd, 506B

Yardley PA 19067

Member

Douglas Ofcharsky

301 Oxford Valley Rd, 506B

Yardley PA 19067

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

*[Signature]*

Signature of an authorized person

Alan Lipoff

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FL

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/25/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ACCOUNTING PLUS SERVICES LLC

is duly registered as a Pennsylvania Professional Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the 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 the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink, reading "Thomas W. DeGregori".

Acting Secretary of the Commonwealth

Certification Number: TSC210525222819-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>