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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Eastern Account System of Connecticut, Inc
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:
Daniel S. Quintard
Name of Person
Eastern Account System of Connecticut, Inc.
Firm/Company
P.O. Box 837
Address
Newtown, CT 06470
City/State and Zip code
dsquintard@earthlink.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dan Quintard  Name of Person  Area Code & Daytime Telephone Number  AREA Code & Daytime Telephone Number  AREA Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
SSE SSE
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee \$78.75 Filing Fee \$ Certificate of Status \$78.75 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.

ıc.," "Co.," "C	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	""COMPANY," "CORPORATION,"
	, , , , , , , , , , , , , , , , , , , ,		
name unavaila	ible in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florida)
onnecticut		3	06-1355299
	under the law of which it is incorporated)		(FEI number, if applicable)
)/22/92		5	Perpetual
	of incorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual")
		•	
	•		n Florida, if prior to registration)
	•		502, F.S., to determine penalty liability)
Glen Ro			
0 0 0	, -	add	ress)
O. Box 8			
	(Current mailing a	agg	ress)
collect u	inpaid accounts receivable	e fo	or others.
			ountry to be carried out in state of Florida)
me and stree	address of Florida registered agents (	p C	ountry to be carried out in state of Florida)  O. Box NOT acceptable)  O. Box NOT acceptable)
ine and <u>succ</u>			AR 2
Name:	Corporation Service Comp	ar	<u>m</u>
Address:	1201 Hays Street		To B
	Tallahassee		Florida 32301
			, Florida 32301 \(\infty \) [Zip code)
	Glen Ro O. Box 8 O collect to (Purpose(s)) me and street	(Date of incorporation)  (Date first transacted busine (SEE SECTIONS 607.1501 & 60  Glen Road, Sandy Hook, CT 06482  (Principal office  O. Box 837, Newtown, CT 06470  (Current mailing  Collect unpaid accounts receivable  (Purpose(s) of corporation authorized in home state of the mail of the ma	(Date of incorporation)  (Date of incorporation)  (Date first transacted business in (SEE SECTIONS 607.1501 &

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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Joseph P. Courtney Address: 20 Wildlife Drive New Milford, CT 06776 Vice Chairman: Laura Courtney Address: 20 Wildlife Drive New Milford, CT 06776 Director: parane Address: 20 Miles & Otto Address: B. OFFICERS [... President: Joseph P. Courtney Address: 20 Wildlife Drive New<sub>A</sub>Milford, CT 06776 Vice President: Marie Committee Secretary: Laura Courtney Address: 20 Wildlife Drive, New Milford, CT 06776 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. January Doseph P. Courtney, CEO/Director (Typed or printed name and capacity of person signing application) Krail.

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

## EASTERN ACCOUNT SYSTEM OF CONNECTICUT, INC.

a domestic STOCK corporation, was filed in this office on October 22, 1992, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: October 18, 2011

2011 OCT 20 AN ID: 21
SECRETARY OF STATE

Business ID: 0278768 Express Certificate Number: 2011258831001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov