

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION ACCESSRN, INC.

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section	•	
Division of Corporations		
SUBJECT: ACCESSRN, INC.		
Name of corpor	ation - must include suffix	
Dear Sir or Madam:	P.	
The enclosed "Application by Foreign Carparation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	n for Authorization to Transact Business in Florida," Standing" and check are submitted to register the usiness in Florida.	
Please return all correspondence concorning this m	atter to the following:	
JAMES VOLLMAR		
Nam	e of Person	
ACCESSIRN, INC.		_73 <u> </u>
. Firm/	Company	
1540 S HOLLAND-SYLVANIA RD SUITE 101		
A	Address	
MAUMEB, OHIO 43537		
City/St	ate and Zip code	\sim
jimvollmar@accossm.net		
E-mail address: (to be u	sed for future annual report notification)	• • • • • • • • • • • • • • • • • • • •
For further information concerning this matter, ple	ase call:	
JIM VOLLMAR at (419) 698-3988	
Name of Person	rea Code & Daytime Telephone Number	
STREET/COURTER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301	MAILING ADDRESS: New Fiting Section Division of Corporations P.O. Box 6327 Tallahasses, FL. 32314	•
Enclosed is a check for the following amount:	•	
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	Certified Copy Certified Copy Certified Copy Certified Copy	
•	:	

FLD17 - 03:01/2013 C T Spendin Online

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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATE! Corp, " "Inc," "Co," or "Corp.")	on "Company," "Corporation,"	
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)	
OHIO		38-3655292	
	under the law of which it is incorporated)	(FEI number, if applicable)	•
03/22/2002		PERPETUAL	
(Dak	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
01/01/2012			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	•
1540 S. HOLLA	ND-SYLVANIA RD SUITE 101, MAUMRE	, OPIO 43537	
	(Principal office ad	dress)	•
1540 8. HOLLA	ND-SYLVANIA RD SUITE 101, MAUMBE	OHIO 43537	
	(Current mailing ad	dres#)	•
ከ ጀርላኒላሊህ ል ል	CULAR ACCESS SERVICES		
	s) of corporation authorized in home state or	country to be carried out to state of Florida)	13
	7		
Name and sire	et address of Florida registered agent: (P.	O. Box NOT acceptable)	⊀⊒ - \$t
Name:	C T Corporation System		
fice Address:	1200 South Pine Island Road		PH
nes vrimese.	D1 4 (7)		N S
	Plantation	, Florida	F 35
	(City)	(Zip code)	
avin <mark>g bee</mark> n nam signated in this other agree to c	application, I hereby accept the appoint		dy. I
73		Gil S. Apelle, Asst. Secretary	
By:	20 July 20 10 10 10 10 10 10 10 10 10 10 10 10 10	,	

11. Attached is a certificate of existence duly anthenticated, 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 outlody of corporate records in the jurisdiction under the law of which it is incorporated.

FED19 - 63/01/2011 C T System College

12. Names and business addresses of officers and/or directors; A. DIRECTORS Chuirman: ___ Address: Vice Chairman: Address: ___ Director: __ Address: Director: _ Address: __ B. OFFICERS President: JOSEPH L. PETTER Address: 1540 S. HOLLAND-SYLVANIA RD SUITE 101 MAUMBE, OHIO 43537 Vice President: Secretary: _ Address: ___ Treasurer Address: 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. 14. JOSEPH L, PETTEE - PRESIDENT ACCESSRN, INC. (Typed or printed name and capacity of person signing application)

FLOIP- 03/01/2011 CT 5/64m Colleg

United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ACCESSRN, INC., an Ohio corporation, Charter No. 1308016, having its principal location in Sylvania, County of Lucas, was incorporated on March 22, 2002 and is currently in GOOD STANDING upon the records of this office.

TO JUN-4 PH 2: LL



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of June, A.D. 2012

Ohio Secretary of State

Validation Number: V2012155J6D501