# F120000004706

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2-3
(Document Number)
Certified Copies Certificates of Status
Consideration to Filips Officers
Special Instructions to Filing Officer:
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W12-56441





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SECRETARY OF STATE

AND AND ASSESS TOWN.

1/4

## **COVER LETTER**

	ling Section n of Corporations				
SUBJECT:	Sharp Testing Servi	ces, Inc.			
	Name of co	rporation - must	include suffix		
Dear Sir or Mac	iam:				
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 al	l correspondence concerning t	nis matter to the f	ollowing:		
Stephen S	harp				
		Name of Person			
Sharp Tes	sting Services, Inc.				
		irm/Company	•		
9506 Mills	r Road				
		Address		•	
Magnolia,	TX 77354				
	Ci	y/State and Zip c	ode	_	
ssharp@sh	arptesting.com			VII	
	E-mail address: (to	be used for futur	e annual report ne	otification)	
For further info	rmation concerning this matter	, please call:			
Stephen Sharp at (832 ) 722-7765					
Name of Person Area Code & Daytime Telephone Number					
				•	
New Fil	T/COURIER ADDRESS:		MAILING ADDRESS: New Filing Section		
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327			porations		
2661 E	secutive Center Circle	•	Tallahassco, FL	. 32314	
Enclosed is a ch	eck for the following amount:				
<b>✓</b> \$70.00 Fili	ng Fee S78.75 Filing Fee Certificate of Sta		Filing Pee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2012

STEPHEN SHARP SHARP TESTING SERVICES, INC. 9506 MILLER ROAD MAGNOLIA, TX 77354

SUBJECT: SHARP TESTING SERVICES INC.

Ref. Number: W12000056441

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 012A00027010

## 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.

1. Sharp Testing Services. Inc.					
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
(15	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
-					
2. Texas	3. 76-0602195 under the law of which it is incorporated) (FBI number, if applicable)				
•					
4. April 6th, 199	99 5. Perpetual of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
<u> </u>	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7. 9506 Miller	Road, Magnolia, TX 77354				
	(Principal office address)				
9506 Miller					
	(Current mailing address)				
。Provide ser	rvices to fire departments and municipalities in the State of Florida				
(Psynotate) of corporation surporized in home state or country to be carried out in state of Florida)					
9. Name and atreet	t address of Florida registered agent: (P.O. Box NOT acceptable)				
Name:	inCorp Services, Inc.				
Office Address:	17888 67th Court North				
	Loxahatchee Florida 33470				
	(City) (Zip code)				
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					
further agree to co.	application, I hereby accept the appointment as registered agent and agree to act in this capacity. I Imply 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.				
//	VIII DITALE SELLA TIM				
100 L	Grandin on behalf of Incorp Services, Line.				
TT	(Registered agent's signature)				
11. Attached is a co	estificate of existence duly authenticated, not more than 90 days prior to delivery of this application to				
the Department of S	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:

FILED 12 NOV 19 PH 4: 21

A. DIRECTORS	12 NOV 19 PH 4: 26
Chairman; Stephen Sharp	STORE LARY OF STATE
Address: 9506 Miller Road, Magnolia, TX 77354	Samassen, FLOREIA
Vice Chairman: April Sharp	
Address: 9506 Miller Road, Magnolia, TX 77354	
Director:	
Address:	
Director:	
Address:	<u> </u>
B. OFFICERS	
President: Stephen Sharp	<u> </u>
Address: 9506 Miller Road, Magnolla, TX 77354	
Vice President: April Sharp	
Address: 9506 Miller Road, Magnolla, TX 77354	
Secretary: April Sharp	
Address: 9506 Miller Road, Magnolla, TX 77354	
Treasurer: Stephen Sharp	
Address: 9506 Miller Road, Magnolla, TX 77354	,
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.	affirms that the facts stated herein the Department of State constitutes a
14. Stephen Sharp	

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



FILED

## Public Accounts

SUSAN COMBS • COMPTROLLER • AUSTIN, TEXAS 78774

November 14, 2012

### CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office

#### SHARP TESTING SERVICES INC.

is, as of this date, in good standing with this office having no franchise tax reports or payments due at this time. This certificate is valid through the date that the next franchise tax report will be due May 15, 2013.

This certificate does not make a representation as to the status of the entity's registration, if any, with the Texas Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity is subject to franchise tax as required by law. This certificate is not valid for any other filing with the Texas Secretary of State.

GIVEN UNDER MY HAND AND SEAL OF OFFICE in the City of Austin, this 14th day of November 2012 A.D.

Susan Combs

Texas Comptroller

Taxpayer number: 32001432254

File number: 0153015900

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Form 05-304 (Rev. 12-07/17) ពីពីការ ព្យា ពីដីស៊ី ប្រជាពីការ ប្រធានាធិបាន ខែបានមានសើលថា ក្បាននេះ។ សមាន សេសសម្រាប់សម្រាប់សមាន មិស្ស ២០១៩ និង សេសមី ៩ សេសមិន្ត្រាស់ បាន ដូស ១១០ ១០១៩ ស្គេច

্র বিষয়ে বিষয়ে সাম্প্রিক ১৯৮ জন্ম সুন্ধির বিষয়ের স্থানির প্রকর্মনার স্থানির প্রকর্মনার স্থানির প্রকর্মনার স বিষয়ে বিষয়ে বিষয়ে সংক্রমের সংক্রমের স্থানির স্থানির স্থানির স্থানির স্থানির স্থানির স্থানির স্থানির স্থানির বিষয়ে বিষয়ে স্থানির স্থানির