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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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15 APR 21 PM 11:28  
STATE OF CALIFORNIA  
TALLAHASSEE, FLORIDA

WLS-1687

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ON-SITE PSYCHOLOGICAL SERVICES, PC  
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:

STEPHEN W. BUCKLEY PHD  
Name of Person

ON-SITE PSYCHOLOGICAL SERVICES, PC  
Firm/Company

15 THIRD ST. SUITE LL1  
Address

NEW CITY, NEW YORK 10956  
City/State and Zip code

DRBUCKLEY @ OPTIMUM. NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE PRENETA at ( 203 ) 438 - 7565  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 MAR 26 AM 11:09  
TALLAHASSEE, FLORIDA

March 6, 2015

STEPHEN W. BUCKLEY  
15 THIRD ST STE LL1  
NEW CITY, NY 10956

SUBJECT: ON-SITE PSYCHOLOGICAL SERVICES, PC  
Ref. Number: W15000016157

We have received your document for ON-SITE PSYCHOLOGICAL SERVICES, PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 515A00004628

*Thank you, I changed the "PC" to  
Professional Corporation.*

*all the best,*

*S. Buckley*



RECEIVED  
15 APR 21 AM 11:29

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

March 27, 2015

STEPHEN W. BUCKLEY  
15 THIRD ST STE LL1  
NEW CITY, NY 10956

SUBJECT: ON-SITE PSYCHOLOGICAL SERVICES, PC  
Ref. Number: W15000016157

We have received your document for ON-SITE PSYCHOLOGICAL SERVICES, PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must say exactly what the certificate of existence states, but with the ending suffix that we require, in this case that is PA.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 515A00004628

*Hi, speak to Charissa on  
Monday April 13 who instructed me  
to put "PA" after the PC that we  
use in NY. I fixed on following form  
Thank You, S. Buckley (845) 304-5082*

[www.sunbiz.org](http://www.sunbiz.org)

State of New York  
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ON-SITE PSYCHOLOGICAL SERVICES, P.C. was filed on 10/25/1993, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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15 APR 21 PM 11:22  
STATE OF NEW YORK  
TALLMADGE M. ORTIZ

\*\*\*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of January two thousand and fifteen.

*Anthony Scardino*

Executive Deputy Secretary of State

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. ON-SITE PSYCHOLOGICAL SERVICES, PC, PA
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ON-SITE PSYCHOLOGICAL SERVICES, PROFESSIONAL CORPORATION, PROFESSIONAL ASSOCIATION
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 13 375 1976
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/25/1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15 THIRD ST. SUITE 111, NEW CITY, NEW YORK 10956
(Principal office address)

SAME
(Current mailing address)

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

Name: LIGHTHOUSE INN NORTH

Office Address: 3208 NE 11TH ST.

POMPANO BEACH, Florida 33062
(City) (Zip code)

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15 APR 21 PM
TALLAHASSEE

9. 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.

Stephen W. Buckley PHD
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: STEPHEN W. BUCKLEY, PHD

Address: 15 THIRD ST. SUITE 611  
NEW CITY, NEW YORK 10956

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: STEPHEN W. BUCKLEY, PHD

Address: SAME

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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STATE OF NEW YORK  
TALLMAN COUNTY CLERK

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Stephen W. Buckley PHD  
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.

13. STEPHEN W. BUCKLEY PHD PRESIDENT  
(Typed or printed name and capacity of person signing application)