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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Co		Group for La	wvers In	n		
SUBJECT:						
	Name of	corporation	- must ir	nclude suffix		
Dear Sir or Madam:						
The enclosed "Applica "Certificate of Existenda above referenced foreign	ce," or "Certificate of	f Good Stan	ding" an	d check are subn		
Please return all corres Stephen S. van Wert	pondence concerning	g this matter	to the fo	ollowing:		
Founders Specialty Purch	nasing Group for Lawy	Name of I ers, Inc.	Person			
147 2nd Avenue South, S	Suite 203	Firm/Com	pany		•	
		Addre	ess			
St. Petersburg, FL 3370	1				ALS 28	
svanwert1@gmail.com	-	City/State a	nd Zip co	ode	ARCTA I	
	E-mail address:	(to be used f	for future	e annual report n	otification)	
For further information	n concerning this mat	tter, please o	eall:	•		J
Stephen S. van Wert		727	290-9	9801		
Name of Pers		Area Cod	<i></i> e	Daytime Teleph	none Number	
Registration S Division of Co Clifton Buildi	orporations ng e Center Circle	1		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations	•
Enclosed is a check for	r the following amou	ınt:				. •
■ \$70.00 Filing Fee	□ \$78.75 Filing Certificate of			5 Filing Fee & ied Copy	\$87.50 Filing Certificate of Certified Co	of Status &

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. Founders Specialty Purchasing Group for Lawyers, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 81-3161128 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 147 2nd Ave. South, Suite 203, St. Petersburg, FL 33701 (Principal office address) Same as above (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Stephen S. van Wert Name: 147 2nd Ave. South, Suite 203 Office Address: 33701 St. Petersburg (City) (Zip code) 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

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

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 Stephen S. van Wert (sole director) Chairman: 147 2nd Ave. South, Suite 203 Address: St. Petersburg, FL 33701 Vice Chairman: Address: Director: Address: Address: ____ **B. OFFICERS** Stephen S, van Wert President: 147 2nd Ave. South, Suite 203 Address: St. Petersburg, FL 33701 Vice President: ______ D Address: _____ Tracye Keen Secretary: 147 2nd Ave. South, Suite 203, St. Petersburg, FL 33701 Address: _____ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Seturialer 12. _____ Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Stephen S. van Wert 13. _____ (Typed or printed name and capacity of person signing application)

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FOUNDERS SPECIALTY PURCHASING GROUP

FOR LAWYERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

ELEVENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUNDERS SPECIALTY PURCHASING GROUP FOR LAWYERS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202633926

Date: 07-11-16