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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

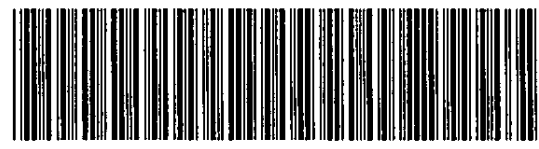
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 13 PM 2: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON
OCT 14 2016

COVER LETTER

TO: Registration Section
 Division of Corporations
 ANZELMO ASSOCIATES INC.

SUBJECT: _____
 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:
 Patricia Anzelmo

 Name of Person
 ANZELMO ASSOCIATES INC.

 Firm/Company
 2952 Oriole Drive

 Address
 Sarasota, FL. 34243

 City/State and Zip code
 panzelmo1@gmail.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Anzelmo 978 793-1365
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

MAILING ADDRESS:
 Registration 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

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.

ANZELMO ASSOCIATES 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) Massachusetts 04-3021067

2. (State or country under the law of which it is incorporated) July 29, 1988 3. (FEI number, if applicable)

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2952 Oriole Drive Sarasota, FL. 34243

7. (Principal office address)

(Current mailing address, if different)

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

Name: Patricia Anzelmo

Office Address: 2952 Oriole Drive

Sarasota, FL. 34243 (City) (Zip code), Florida

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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.

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Anthony C. Anzelmo

Address: 2952 Oriole Drive

Sarasota, FL. 34243

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Anthony C. Anzelmo

Address: 2952 Oriole Drive

Sarasota, FL. 34243

Vice President: _____

Address: _____

Secretary: Clerk: Patricia L. Anzelmo

Address: 2952 Oriole Drive, Sarasota, FL. 34243

Patricia L. Anzelmo

Treasurer: _____

Address: 2952 Oriole Drive, Sarasota, FL. 34243

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

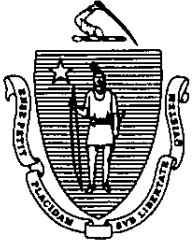
12. 

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.

13. ANTHONY C ANZELMO PRESIDENT

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



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

September 28, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that

ANZELMO ASSOCIATES INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **July 29, 1988**.

I also certify that so far as appears of record here, said corporation still has legal existence.

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STATE HOUSE OF MASSACHUSETTS
FALL RIVER, MASSACHUSETTS, FLORIDA



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth