#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000254810 3)))



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:cT

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

### FOREIGN PROFIT/NONPROFIT CORPORATION

JS ASSOCIATED SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

S. WARREN

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SEP 29 2017

# H17090 2548103

#### **COVER LETTER**

	ation Section of Corporations					
SUBJECT:	JS AS	SSOCIATED SERVICES, INC.				
30 <b>3</b> 3261	Name of corporation - must include suffix					
Dear Sir or Mad	am:					
"Certificate of E	application by Foreign Corporation is stated by Foreign Corporation to transact by the foreign c	d Standing" and check are subt	t Business in Florida," nitted to register the			
Please return all	lease return all correspondence concerning this matter to the following:					
	Jessi	ca Delgado				
	Nan	ne of Person				
<del></del>	InCorp Services, Inc.					
	Firm/Company					
	3773 Howard Hug	hes Pkwy. · Suite 500S				
		Address NV 89169-6014				
<del></del>						
	City/State and Zip code					
		Is@incorp.cr.m used for future annual report no	AUG and an A			
For further inform	mation concerning this matter, pla	·	mication			
Jessica Delgado on behalf o	f InCorp Services, Inc. 702	866-2500				
Name o	Person Area	Code Daytime Telepho	one Number			
Registrat Division Clifton B 2661 Exe	T/COURIER ADDRESS: ion Section of Corporations building coutive Center Circle see, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a che	ck for the following amount:					
S70.00 Filing	Fee S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fce, Certificate of Status & Certified Copy			
1	1 HAXA SOUL	0100				

## H170002548103

### 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.

JS ASSOCIAT	TED SERVICES, INC.	•	,	
(Enter name of	f corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATIO	N,"	
	ilable in Florida, enter alternate corporate name	e adopted for the purpose of transacting	ng business in Florida)	
Pennsylvan ————	7	_		
(State or country under the law of which it is incorporated 03/28/1986		(FEI number, if applicable) Perpetual		
(Dat	te of incorporation)	Date of duration, if other	than perpetual)	
Upon Filing		;	, .,,	
745 Alleghei	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ny Avenue, Oakmont, PA 15139	in Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)	
		pal office address)		
	(1.200)	par ottoe address)		
	(Current mail:	ng address, if different)	<del></del>	
	(03.12.11.11.11.11.11.11.11.11.11.11.11.11.	g address, i. different)	-4., -A	
Vame and stree	et address of Florida registered agent: (P.0	O. Box. NOT accentable)	75	
Name:	InCorp Services, Inc.		FIL EP 28	
ce Address:	17888 67th Court North		नं न	
	Loxahatchee	, Florida	E STORY OF THE PROPERTY OF THE	
	(City)	(Zip code)	23.	
legistered aga	ent's acceptance:		A	
ing been nam	ed as registered agent and to accept servi	ce of process for the above stated	cornoration at the alone	
ynaiea in inis	application, I hereby accept the appointn	nent as registered agent and agre	e to act in this canacity	
ver agree to co es. and I am f	omply with the provisions of all statutes re amiliar with and accept the obligations of	elative to 173 proper and complete	e performance of my	
,	Configurations by	my position as registered agent.		
\\		essica Delgado on behalf	of InCorp Services	
		gent's signature)	· <del></del>	

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.

H17600 2548103

A. DIR	ECTORS					
Chai <del>rm</del> ar	n:	<del>-</del>				·
Address:				·		
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Director:						
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3. OFF	ICERS					
resident:	John C Comeli					
ddress:	745 Alloghopy A				<del></del>	<del>िता</del>
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2	II flecessing your	may attach an a		plication listing addition	iai officers and/or	irectors.
·		0-0-0	Signature of Dire	ctor or Officer		
e true a	nd that he or she is	aware that fal	se information sub	ted in number 11 above) omitted in a document to	affirms that the father the Department of	cts stated herein State constitutes
third de	gree felony as prov S Samek, Presider	ided for in s.8				
3. <u></u>	2 Seuler' Lieziael					

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

### H170002548103

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/27/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

JS ASSOCIATED SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170927131091-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify