

F010000002049

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sales Development Company & Associates Inc.
(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", 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: 400004008864--9

LARRY BENNETT

(Name of Person)

Sales Development Co.

(Firm/Company)

671 12th Ave South

(Address)

Naples Florida 34102

(City/State and Zip code)

For further information concerning this matter, please call:

LARRY BENNETT

(Name of Person)

at 941 261-0556

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

FILED
01 APR 13 PM 10:50
TALLAHASSEE, FLORIDA

mtu
4/17

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.

1. Sales Development Company + Associates Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

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

4. 4-1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 671 12th Ave South Naples Fl. 34102
(Principal office address)
671 12th Ave South Naples Fl. 34102
(Current mailing address)

8. Moving business to Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: LARRY BERNETT
Office Address: 671 12th Ave South
Naples Florida, Florida 34102
(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 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.

Larry D. Bennett
(Registered agent's signature)

11. 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.

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APR 13 PM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: LARRY D. BENNETT
Address: 671 12th Ave South
Naples Florida 34102
Vice Chairman: Sharon H. Bennett
Address: 671 12th Ave South
Naples Florida 34102
Director: _____
Address: _____
Director: _____
Address: _____

B. OFFICERS

President: LARRY D. BENNETT
Address: 671 12th Ave South
Naples Florida 34102
Vice President: Sharon H. Bennett
Address: 671 12th Ave South
Naples Florida 34102
Secretary: _____
Address: _____
Treasurer: _____
Address: _____

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TAMPA, FLORIDA

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

13. Larry D. Bennett
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Larry D. Bennett, President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALES DEVELOPMENT COMPANY & ASSOCIATES, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2001.

FILED
01 APR 13 PM 10:50
SECRETARY OF STATE
TALLMAGE, DELEA



Harriet Smith Windsor

Secretary of State

2031595 8300

AUTHENTICATION: 0923245

010019189

DATE: 01-18-01