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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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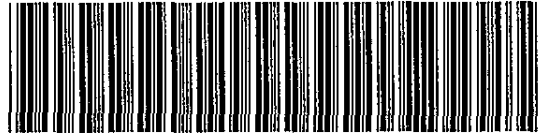
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 23 PM 12:40
SECRETARY OF STATE
TREASURY

F05-3154
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Center for Financial, Legal + Tax Planning, 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:

BART A. BASI
(Name of Person)

The Center for Financial, Legal + Tax Planning, Inc.
(Firm/Company)

4501 W. DeYoung Street - Suite 200
(Address)

MARION, ILLINOIS 62959
(City/State and Zip code)

For further information concerning this matter, please call:

Shauna Barke at (618) 997-3436
(Name of Person) (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

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

SECRETARY OF
TALLAHASSEE

2005 MAY 23 PM 12:00

FILED

**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. The Center for Financial, Legal & Tax Planning, Inc.
(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)

2. Illinois 3. 37-1116641
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 19, 1982 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4501 W. DeYoung St., Suite 200 Marion, IL 62959
(Principal office address)

4501 W. DeYoung St., Suite 200 Marion, IL 62959
(Current mailing address)

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

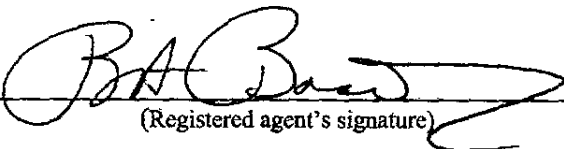
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bart A. Basi

Office Address: 525 Gunwale Lane
Longboat Key, Florida 34228
(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.


(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.

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

2005 JUN 13 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Bart A. Basi

Address: 525 Gunwale Lane,
Longboat Key, FL 34228

Director: Carol L. Basi

Address: 4501 W. Delburg St. Suite 200
Marion, IL 62959

B. OFFICERS

President: Bart A. Basi

Address: 525 Gunwale Lane,
Longboat Key, FL 34228

Vice President: N/A

Address: _____

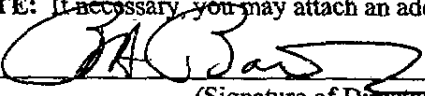
Secretary: Carol L. Basi

Address: 4501 W. Delburg St., Suite 200 Marion, IL 62959

Treasurer: N/A

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. BART A. BASI, President

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

FILED
2005 MAY 23 PM 1:10
SECRETARY OF HEALTH
TALLAHASSEE, FL

