

F16000004928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

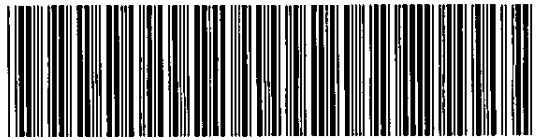
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TALLAHASSEE, FLORIDA

K. SALY
NOV - 2 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2016

KATHRYN A BELL
K. A. BELL, CPA, PC
2009 MACKENZIE WAY, STE. 100
CRANBERRY TOWNSHIP, PA 16066

SUBJECT: K. A. BELL, CPA, PC
Ref. Number: W16000071365

RECEIVED
2016 OCT 31 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for K. A. BELL, CPA, PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

EXAMPLE: K. A. BELL, CPA, PC CORP (on the first line),.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00022512

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K. A. Bell, CPA, PC

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:

Kathryn A. Bell

Name of Person

K. A. Bell, CPA, PC

Firm/Company

2009 Mackenzie Way, Suite 100

Address

Cranberry Township, PA 16066

City/State and Zip code

kathybell@kabelcpa.com

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

For further information concerning this matter, please call:

Kathryn A. Bell

724

720-9452

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**

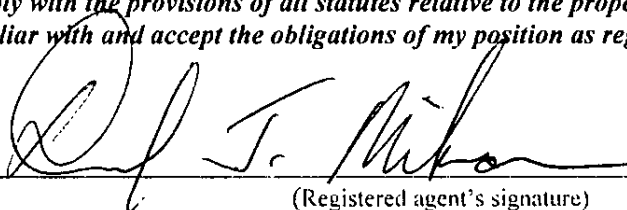
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. K. A. Bell, CPA, PC, CORP
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Kathryn A. Bell, CPA, PC, CORP
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 47-5416767
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/09/15 5. N/A
(Date of incorporation) (Date of duration, if other than 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. 2009 Mackenzie Way, Suite 100, Cranberry Township, PA 16066
(Principal office address)
- Same
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Daniel J. Mikan
- Office Address: 5800 Pomarine Court
- Sarasota, Florida 34238
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: Kathryn A. Bell

Address: 103 Ringneck Court, Gibsonia, PA 15044

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kathryn A. Bell

Address: 103 Ringneck Court, Gibsonia, PA 15044

Vice President: _____

Address: _____

Secretary: Jon Eric Bell

Address: 103 Ringneck Court, Gibsonia, PA 15044

Treasurer: Alexander M. Certo

Address: 103 Ringneck Court, Gibsonia, PA 15044

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

12. Kathryn A. Bell, President
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. Kathryn A. Bell, President

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

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/04/2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

K. A. Bell, CPA, PC

is duly registered as a Pennsylvania Professional 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

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC161004141292-1

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