

F030000005759

X MATTHEW AHEARN
(Requestor's Name)

5590 CANAL BLVD.
(Address)

NEW ORLEANS, LA
(Address) 70124

(City/State/Zip/Phone #)

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☒ WAIT

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AHEARN DEVELOPMENT
(Business Entity Name)

(Document Number)

Certified Copies X

Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AHEARN DEVELOPMENT, 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:

MATTHEW AHEARN

(Name of Person)

AHEARN DEVELOPMENT, INC.

(Firm/Company)

5590 CANAL BLVD.

(Address)

NEW ORLEANS, LA 70124

(City/State and Zip code)

For further information concerning this matter, please call:

MATTHEW AHEARN

(Name of Person)

at (504) 416-0735

(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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. ATHEARN DEVELOPMENT, 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. LA
(State or country under the law of which it is incorporated)
3. 72-143-4474
(FEI number, if applicable)
4. 1/20/99
(Date of incorporation)
5. PERPETUAL
(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. 5590 CANAL BLVD., NEW ORLEANS, LA 70124
(Principal office address)
(SAME)
(Current mailing address)
8. COMMERCIAL CONSTRUCTION
(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: NRAT SERVICES, INC.
Office Address: 502 E. PARK AVE.
TALLAHASSEE, Florida 32301
(City) (Zip code)

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DIVISION OF CORPORATIONS
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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.

ALISON HAND, ASST secy
(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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MATTHEW AHEARN

Address: 5590 CANAL BRD.

NEW ORLEANS, LA 70124

Vice President: _____

Address: _____

Secretary: ALBA AHEARN

Address: 5590 CANAL BRD, NEW ORLEANS, LA 70124

Treasurer: _____

Address: _____

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MATTHEW AHEARN - PRESIDENT

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

UNITED STATES OF AMERICA

State of Louisiana

JOX McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
AHEARN DEVELOPMENT, INC.

A LOUISIANA corporation domiciled at NEW ORLEANS,

Filed charter and qualified to do business in this State on
January 20, 1999,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*
November 18, 2003

Jox McKeithen

BME 34732138D

Secretary of State

