

# F00000001335

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: LANET Connolly Associates, Incorporated  
(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:

lanet Connolly - Noel

(Name of Person)

lanet Connolly Associates, Incorporated

(Firm/Company)

24400 Reserve Court # 103

(Address)

Bonita Springs, FL 34134

(City/State/Zip)

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-03/06/00--01145--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Should you need to call someone concerning this matter, please call:

Larry Parker

(Name of Person)

at ( 941 ) 262-2279

(Area Code & Daytime Telephone Number)

Name	3/13/00
Availability	Dec
COURIER ADDRESS:	
Document	Qualification/Tax Lien Section
Exam	Division of Corporations
Update	409 E. Gaines St.
	Tallahassee, FL 32399
Updater	
Verifier	
Acknowledgement	DOC
W. P. Verifier	DOC

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
00 MAR -6 AM 11:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF REVENUE

F00000001335

**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. Janet Connolly Associates, Incorporated  
(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. MA 3. 41-1306343  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-15-77 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/15/00  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 24400 Reserve Court #103  
Bonita Springs, FL 34134  
(Current mailing address)

8. Interior Design  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Janet Connolly-Noel

Office Address: 24400 Reserve Court #103

Bonita Springs, Florida, 34134  
(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.*

Janet Connolly-Noel  
(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 addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Janet Connolly Noel

Address: 24400 Reserve Court #103  
Bonita Springs, Fl. 34134

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Janet Connolly Noel

Address: 24400 Reserve Court #103  
Bonita Springs, Fl. 34134

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. ✓ Janet X Connolly Noel  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Janet Connolly Noel, Pres  
(Typed or printed name and capacity of person signing application)

00 MAR -6 M 11:26  
FILED

# State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

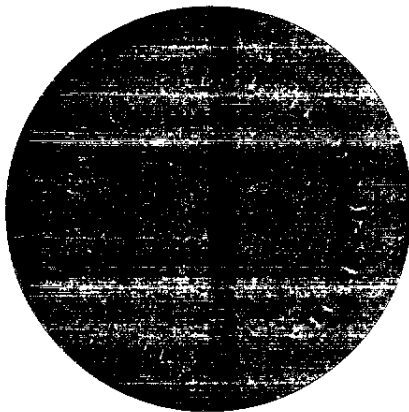
Name: Janet Connolly Associates, Inc.

Date Formed: 08/15/1977

Chapter Governed By: 302A

This certificate has been issued on 02/22/00.

FILED  
00 MAR -6 AM 11:26  
SECRETARY OF STATE  
TALLMANSVILLE, MINN.



*Mary Kiffmeyer*  
Secretary of State.