

# F02000003661

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Debra Burlingham Associate, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

000006462160--0  
-07/17/02--01024--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Debra Burlingham

(Name of Person)

Debra Burlingham Associate, Inc.

(Firm/Company)

P.O. Box 7936

(Address)

Naples, FL 34101-7936

(City/State and Zip code)

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02 JUL 17 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Debra Burlingham

(Name of Person)

at ( 239 ) 293-3050

(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:

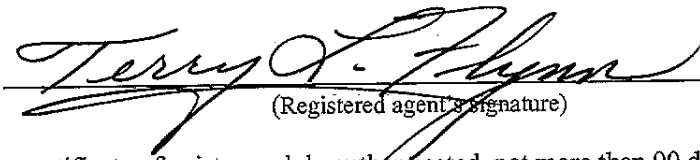
- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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

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1. Debra Burlingham Associate, 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. Michigan 3. 38-3443003  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 1, 1999 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. 9240 Bonita Beach Road, Suite 3309, Bonita Springs, FL 34135  
(Principal office address)  
P.O. Box 7936, Naples, FL 34101-7936  
(Current mailing address)
8. To Act as Manufacturer's Representative in the Fabric Industry  
(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: Terry L. Flynn  
Office Address: 9240 Bonita Beach Road, Suite 3309  
Bonita Springs, , Florida 34135  
(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.*
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.

  
(Registered agent's signature)

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

A. DIRECTORS

Chairman: Debra Burlingham

Address: 9240 Bonita Beach Road, Suite 3309

Bonita Springs, FL 34135

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Debra Burlingham

Address: 9240 Bonita Beach Road, Suite 3309

Bonita Springs, FL 34135

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

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

Secretary: Same as President

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

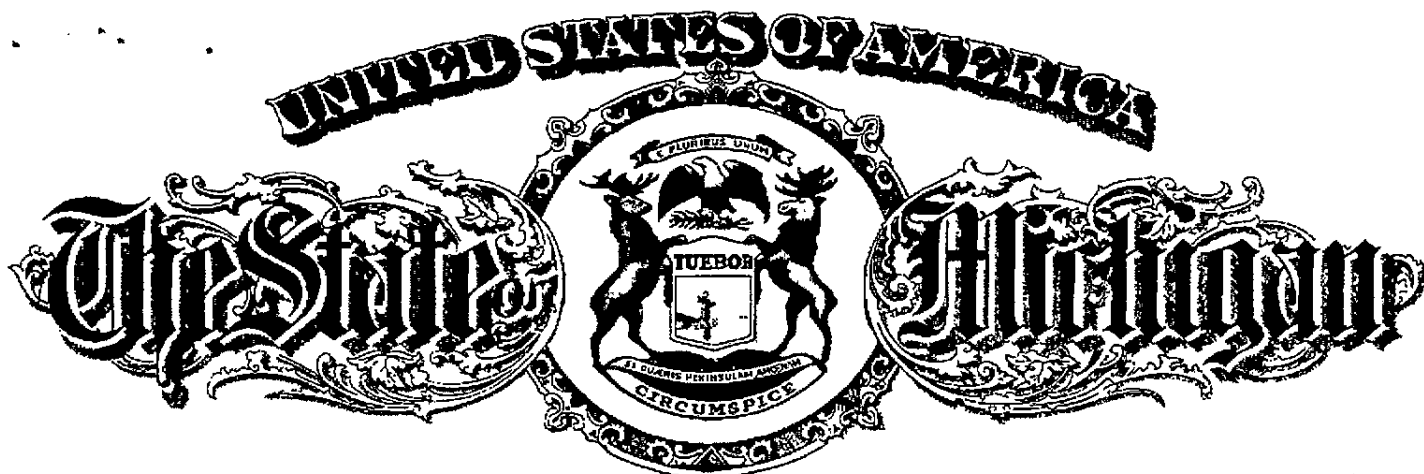
Treasurer: \_\_\_\_\_

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

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

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

14. DEBRA BURLINGHAM, PRESIDENT  
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

**DEBRA BURLINGHAM ASSOCIATE, INC.**

was validly incorporated on January 1, 1999, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED  
02 JUL 17 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of June, 2002

 , Director

Bureau of Commercial Services