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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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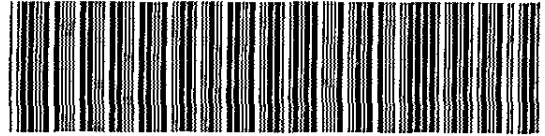
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL - 2 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DBennett Speech Pathology Services 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", 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:

Darren Bennett
(Name of Person)
DBennett Speech Pathology Services PC
(Firm/Company)
2717 Seville Blvd. Apt. 10-106
(Address)
Clearwater, FL 33764
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Darren Bennett at (727) 504-6941
(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

**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. DBennett Speech Pathology Services PC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"
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. New York 3. 13-4127879
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-29-00 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. 2717 Seville Blvd Clearwater, FL 33764
(Principal office address)
2717 Seville Blvd #10-106 Clearwater, FL 33764
(Current mailing address)
8. To provide therapy services (speech)
(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: Darren Bennett

Office Address: 2717 Seville Blvd #10-106
Clearwater, Florida 33764
(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.

Darren Bennett President
(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: Darren Bennett
Address: 2717 Seville Blvd #10106
Clearwater, FL 33764
Vice Chairman: Darren Bennett
Address: 2717 Seville Blvd, #10-106
Clearwater, FL 33764
Director: Darren Bennett
Address: 2717 Seville Blvd, #10-106
Clearwater, FL 33764
Director: _____
Address: _____

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B. OFFICERS

President: Darren Bennett
Address: 2717 Seville Blvd #10106
Clearwater, FL 33764
Vice President: _____
Address: _____
Secretary: _____
Address: _____
Treasurer: Darren Bennett
Address: 2717 Seville Blvd #10-106 Clearwater FL 3376

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

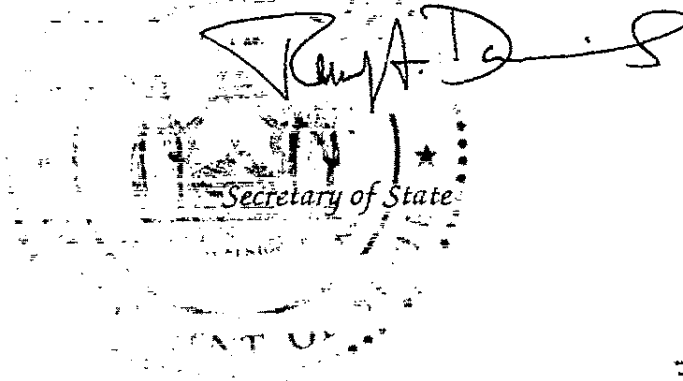
13. Darren Bennett
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Darren Bennett
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of D. BENNETT SPEECH PATHOLOGY SERVICES, P.C. was filed on 08/29/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 19th day of June
two thousand and three.



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