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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12/22/03--01065--006 \*\*78.75

J. BRYAN DEC 31 2003

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORPORATE AND ESTATES CONSULTANTS IN  
(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:

Les M. JOHNSON  
(Name of Person)  
CORPORATE & ESTATE CONSULTANTS INC  
(Firm/Company)  
200 OCEAN CREST DR., UNIT 920  
(Address)  
PALM Coast, FL 32137  
(City/State and Zip code)

For further information concerning this matter, please call:

Les M. JOHNSON at (386) 246-6455  
(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. CORPORATE AND ESTATE CONSULTANTS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. SC

(State or country under the law of which it is incorporated)

3. 57-0726300

(FEI number, if applicable)

4. FEB 1, 1981

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 12/01/2003

(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. 200 OCEAN CREST DR, UNIT 920, PALM COAST, FL 32137

(Principal office address)

SAME AS OFFICE ADDRESS

(Current mailing address)

8. SALE OF INSURANCE/ESTATE PRODUCTS

(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: LEN JOHNSON

Office Address: 37837 Meridian Ave Suite 314

DADE CITY

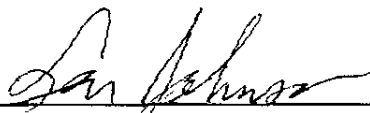
(City)

, Florida 33526

(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.*

✓ 

(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: LES M. JOHNSON

Address: 200 OCEAN CREST DR, UNIT ~~402~~ 920  
PALM COAST, FL 32137

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

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

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

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

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

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

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**B. OFFICERS**

President: LES M. JOHNSON

Address: 200 OCEAN CREST DR, UNIT ~~402~~ 920  
PALM COAST, FL 32137

Vice President: SIDNEY WILLIAMS

Address: 213 SURFSIDE DRIVE  
SURFSIDE BEACH, S.C. 29575

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

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

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

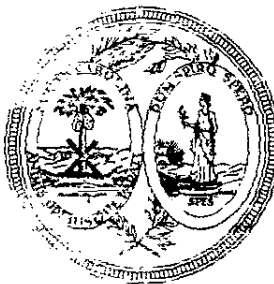
Address: \_\_\_\_\_

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

✓ 13. Lester M. Johnson  
(Signature of Director or Officer listed in number 12 of the application)

14. LES M. JOHNSON PRESIDENT  
(Typed or printed name and capacity of person signing application)

# *The State of South Carolina*



2003 DEC 22 PM 12:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILE

## *Office of Secretary of State Mark Hammond* **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

***CORPORATE AND ESTATE CONSULTANTS, INC.,***  
a corporation duly organized under the laws of the State of South Carolina on **December 9th, 1981**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 9th day of  
December, 2003.

*Mark Hammond*

Mark Hammond, Secretary of State