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05 MAR 28 PM 3:50

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATHRYN GIDDINGS
(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:

KATHRYN B. GIDDINGS
(Name of Person)

KATHRYN GIDDINGS, INC.
(Firm/Company)

4333 N. OCEAN BLVD., APT 2
(Address)

DELRAY BEACH, FL 33483
(City/State and Zip code)

For further information concerning this matter, please call:

KATHRYN GIDDINGS at (561) 279-0520
(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. KATHRYN GIDDINGS, 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. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/19/94 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/05
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)

7. 4333 N. OCEAN BLVD, DELRAY BEACH, FL
(Principal office address) AN2

SAME
(Current mailing address)

8. MARKET RESEARCH
(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 NOT acceptable)

Name: KATHRYN B. GIDDINGS

Office Address: 4333 N. OCEAN BLVD. AN2
DELRAY BEACH, Florida 33483
(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.

Kathryn B. Giddings
(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.

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

A. DIRECTORS

Chairman: KATHRYN B. GIDDINGS

Address: 4333 N. OCEAN BLVD A112
DELRAY BEACH, FL 33483

Vice Chairman: NONE

Address:

Director: NONE

Address:

Director: NONE

Address:

B. OFFICERS

President: KATHRYN B. GIDDINGS

Address: 4333 N. OCEAN BLVD
DELRAY BEACH, FL 33483

Vice President: NONE

Address:

Secretary:

Address:

Treasurer:

Address:

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

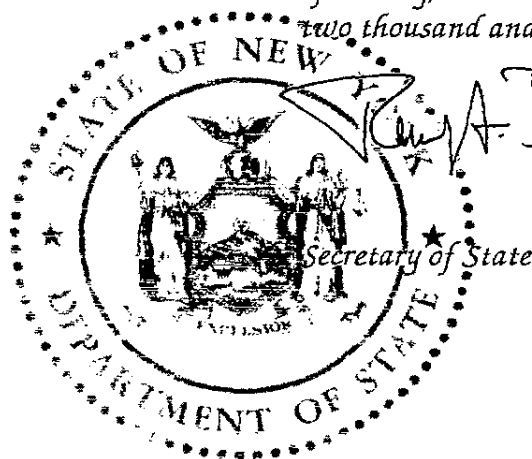
13. KATHRYN B. GIDDINGS
(Signature of Director or Officer listed in number 12 of the application)

14. KATHRYN B. GIDDINGS
(Typed or printed name and capacity of person signing application)

State of New York } **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of KATHRYN GIDDINGS, INC. was filed on 05/19/1994, 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 an existing corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of March
two thousand and five.*



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