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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

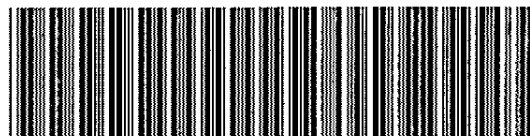
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATTI'S TRANSCRIPTION SERVICE, INC.

(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:

PATTI B. SLAUGHTER

(Name of Person)

PATTI'S TRANSCRIPTION SERVICE, INC.

(Firm/Company)

909 SANTA ROSA BLVD #5B #513

(Address)

FORT WALTON BEACH, FL 32548

(City/State and Zip code)

For further information concerning this matter, please call:

PATTI B. SLAUGHTER

(Name of Person)

at (850)

243-4992

(850) 218-2095

(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. PATTI'S TRANSCRIPTION SERVICE, 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. LOUISIANA

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

3. 72-1484549

(FEI number, if applicable)

4. 08/01/2000

(Date of incorporation)

5. PERPETUAL

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

6. 06/01/2005

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

7. 909 SANTA ROSA BLVD #513, FORT WALTON BEACH, FL 32548

(Principal office address)

909 SANTA ROSA BLVD #513, FORT WALTON BEACH, FL 32548

(Current mailing address)

8. TRANSCRIPTION AND ANY LEGAL ENTERPRISE

(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: PATTI B. SLAUGHTER

Office Address: 909 SANTA ROSA BLVD #513

FORT WALTON BEACH, Florida 32548

(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.


(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:

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TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: PATTI B. SLAUGHTER

Address: 909 SANTA ROSA BLVD #5B #513

FORT WALTON BEACH, FL 32548

Vice Chairman: NONE

Address: _____

Director: NONE

Address: _____

Director: NONE

Address: _____

B. OFFICERS

President: PATTI B. SLAUGHTER

Address: 909 SANTA ROSA BLVD #5B #513

FORT WALTON BEACH, FL 32548

Vice President: PATTI B. SLAUGHTER

Address: 909 SANTA ROSA BLVD #5B #513

FORT WALTON BEACH, FL 32548

Secretary: PATTI B. SLAUGHTER

Address: 909 SANTA ROSA BLVD #5B #513, FORT WALTON BEACH, FL 32548

Treasurer: PATTI B. SLAUGHTER

Address: 909 SANTA ROSA BLVD #5B #513, FORT WALTON BEACH, FL 32548

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

13. ✓

Patti Slaughter

(Signature of Director or Officer listed in number 12 of the application)

14. PATTI B. SLAUGHTER, PRESIDENT

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana
Al Ater

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Incorporation of

PATTI'S TRANSCRIPTION SERVICE, INC.

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on August 28, 2000,

I further certify that no Certificate of Dissolution has
been issued.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,
August 9, 2005*

Al Ater
RRO 34981583D

Secretary of State

