F05000006201

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· -

Office Use Only



000060432020

10/13/05--01011--006 **70.00

FILED
2005 OCT 25 PM 1: 50
2005 OCT 25 PM 1: 50
2007 JORPORATIONS
DIVILIANASSEE, FLORIDA

W05-47442 3. DRYMM OCT 1 7 2005

4 BRYAN OCT 25 2005

COVER LETTER

	A COLOR
TO: Registration Section Division of Corporations	
SUBJECT: Pat Lar	ration - must include surtix)
(Name of corpo	ration - must include surely.
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
tot La	TLIN
(Nam	ne of Person)
Pat harris	Company) gr Group
3743 Cue	Let Cove Road East
(/	Address)
to chamille	e FL 32224
(City/St	ate and Zip code)
For further information concerning this matter, plea	se call:
David Larin at (9) (Name of Person) at (9)	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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 \$\sum \text{\$\frac{1}{2}}\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



morted rotation

(ponde

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

October 17, 2005

PAT LARIN PAT LARIN DESIGN GROUP 3743 CRICKET COVE ROAD EAST JACKSONVILLE, FL 32224

SUBJECT: PAT LARIN DESIGN GROUP

Ref. Number: W05000047442

We have received your document for PAT LARIN DESIGN GROUP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 905A00062984

' ' CO / DO DOV COOM MILL THE ' LOCAL

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. Pathavin Design Group Incarring at al (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "It is a second of the company o
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated) 3. 94-2740861 (FEI number, if applicable)
4. De C. 1980 5. Persetual (Dutation: Year corp. will cease to exist or "perpetual")
6. UP on qualification (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3743 Orchet Care Road East, (Principal office address)
(Principal office address) Jacksonville, FL32226 (Current mailing address)
(Current manning address)
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Daviel Lanu
Office Address: 3743 Crichel Core Rd. E.
Jochem Florida 32224 (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) Vice president, Fecretary
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: Patharin
Address: 3743 Ciclet Cone Rd E.
Jackensonville, FL 32224 75 5
Vice Chairman:
Address:
Director: DANIE Laria
Director: David Laria Address: 3743 Crichet Care Rd. E.
Jacksonville FL 32224
Director:
Address:
B. OFFICERS President: Pathlania
Address:
Vice President:
Address:
Secretary: Dould havin
Address: Semo
Treasurer: David Larie
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. <u>Sat Laver</u> (Signature of Director or Officer listed in number 12 of the application)
14. That No Lawry President (Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 11th day of December, 1980, PAT LARIN DESIGN GROUP became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 19, 2005.



BRUCE McPHERSON Secretary of State